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Body Image Among Low-Income Women

By

Stephanie Jane Madill

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Science

Centre for Health Promotion Studies

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Date: September 11, 2003

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Body Image Among Low-Income Women submitted by Stephanie Jane Madill in partial fulfillment of the requirements for the degree of Master of Science.

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ABSTRACT

Poor body image is prevalent in today's society with 66% of women and 52% of men being unsatisfied with their weight. The study of body image is important as body dissatisfaction has potential negative implications for physical, psychological and financial well-being. Body image among low-income women has rarely been addressed in the literature. Through a focused ethnography this study broadly explored body image among low-income women. Findings revealed that low-income women are not immune to mainstream societal pressures regarding their bodies; financial insecurity has the potential to influence body image indirectly through its effect on limiting women's ability to modify their bodies; and the body image of low-income women is not uniform. Furthermore, the findings support the fact that body image is a multi-dimensional construct. Recommendations for future health promotion practice and research are given.

DEDICATION

I would like to dedicate this thesis to my mom, Juanita Madill. You have not only been a wonderful mother but one of my best friends. Thank you for the support and encouragement you have always given me.

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First and foremost I would like to thank the thirteen women who gave of their time to share their experiences with me. Without their participation, this study would not have been possible.

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CHAPTER 1: INTRODUCTION

Rationale

Poor body image is prevalent in today's society with 66% of women and 52% of men being unsatisfied with their weight (Garner, 1997). Body image is a multidimensional, dynamic construct that includes a perceptual (how accurately body size, shape, or appearance is estimated) and an attitudinal (feelings towards body appearance or functional capacity) component (McCabe & Monteath, 1997). It is influenced by both individual and sociocultural factors (Delaney, O'Keefe, & Skene, 1997; Slade, 1994) and changes throughout a person's lifetime in reaction to different experiences and perceptions of those experiences (Van Manen, 1998; Slade; Paquette & Raine, submitted).

The study of body image is important as body dissatisfaction has potential negative implications for psychological, physical and financial well-being (Berg, 2000; Lowry, Galuska, Fulton, Wechsler & Kann, 2002; Reboussin et al., 2000). Body dissatisfaction is associated with lower self-esteem and reduced overall quality of life (Stokes & Frederick-Recascino, 2003; Tiggeman & Stevens, 1999). Furthermore, in the pursuit of weight loss, health damaging behaviours such as extreme dieting, excessive exercise and cosmetic surgery may be commenced (Brownell, 1991; Garner, 1997). Not only do these behaviours place women at physical risk but they are expensive leading to possible financial vulnerability.

Although both genders are susceptible to poor body image, this problem primarily affects women (Feingold & Mazzella, 1998). In fact, concern with body weight among Western women has become so common that it has been described as a 'normative

discontent' (Rodin, Silberstein, & Streigal-Moore, 1985). Body dissatisfaction in females has been reported across the lifespan from as early as age five to older adulthood (Bennet & Stevens, 1996; Davison, Markley & Birch, 2000; Grogan, 1999; Paxton & Phythian, 1999).

A major influence on women's body image is the ideal female body that is pervasively communicated through the media and by people such as partners, friends and health professionals (Groesz, Levine & Murnen, 2002; Harvey & Hill, 2001; Paxton, Schutz, Wertheim, & Muir, 1999; Tantleff-Dunn & Thompson, 1995). The ideal weight has steadily decreased over time resulting in weight standards that are completely unrealistic and unhealthy (Stice, & Shaw, 1994). In fact, the current ideal portrayed by models corresponds to the thinnest 5% of women on a normal weight distribution curve which excludes 95% of women from attaining the ideal (Kilbourne, 1994).

Socioeconomic status (SES) has been investigated for its relationship to body image. Traditionally it has been thought that women of lower SES are protected from body image concerns (Grogan, 1999). Although research in this area is limited, the results moderately support the fact that females of lower SES do have body image concerns (Ogden & Thomas, 1999; Toro, Castro, Garcia, Perez & Cuesta, 1989; Robinson et al., 1996; Grant et al., 1999; Story, French, Resnick & Blum, 1995; McKie, Wood & Gregory, 1993; McLaren & Gauvin 2002). These studies were primarily quantitative and gave frequency data. An exploration of the context in which low-income (an indicator of SES) women experience their bodies has yet to be conducted.

Low-income women face unique challenges that may affect their body image. The experience of food insecurity has negative physical and psychological consequences

(Hamelin, Beaudry & Habicht, 2002) that may present barriers for attaining an ideal body. For example, food insecurity is not only associated with feelings of powerlessness, embarrassment and shame (Hamelin et al.) but also with increased obesity (Frongillo, Olson, Rauschenbach & Kendall, 1997; Townsend, Peerson, Love, Achterberg, & Murphy, 2001). Having a body that is not 'ideal' may lead to extreme feelings of helplessness as many of these women cannot afford to purchase healthy nutritious foods (Hamelin et al.) let alone invest in expensive diets or exercise equipment. It is clear that body dissatisfaction may further compromise low-income women's health; therefore, it is an area that demands attention.

A Health Promotion Perspective

Body image among low-income women can be conceptualized within a health promotion framework. As previously discussed, body image is influenced by sociocultural factors and has potential implications for women's health. Health promotion appreciates the impact of social conditions and the environment on a person's health (Labonte, 1993). The social determinants of health such as income and social status, social environments and gender are emphasized (Minkler, 1999). The number one challenge for health promotion was identified as reducing the inequities between low and high income groups (Epp, 1986). Therefore, health promotion strategies go beyond the individual level to advocating for political, economic and social conditions that are favourable for health (World Health Organization [WHO], 1986). A desired outcome of research concerning health issues such as body image is the development of strategies and interventions. Thus a health promotion perspective was used to facilitate the

development of appropriate strategies and interventions to address the issue of body image among low-income women.

Purpose

The purpose of this study was to broadly explore body image among low-income women.

Research Questions

The research questions that guided this study included:

1. What influences low-income women's body image?
2. What are the implications of low income on women's body image?

CHAPTER 2: LITERATURE REVIEW

This literature review will demonstrate the need to gain a greater understanding of body image among low-income women. Several areas of the literature will be explored including i) body image and its definition; ii) body dissatisfaction and its consequences; iii) influences on body image and; iv) relationship of demographic factors (age, ethnicity and socioeconomic status) to body image.

What is Body Image?

Body image was initially defined by the German physician, Paul Schilder (1950) as "the picture of our own body which we form in our mind, that is to say, the way in which the body appears to ourselves" (p. 11). Although body image was originally conceptualized as a one dimensional construct, it is now regarded as multidimensional (Banfield & McCabe, 2002). Correspondingly the definition of body image was expanded to "the picture we have in our minds of the size, shape, and form of our bodies; and to our feelings concerning the size, shape, and form of our bodies and its constituent parts" (Slade, 1988, p. 20). Thus, body image includes both a perceptual and an attitudinal component.

Slade (1994) extended his definition of body image further to "a loose representation of the body's shape, form and size, which is influenced by a variety of historical, cultural and social, individual and biological factors, which operate over varying time spans" (p. 502). Hence body image is a concept that may change throughout a person's life (Slade; Van Manen, 1998). According to Slade, the seven sets of factors influencing body image include: 1) history of sensory input to body experience,

2) history of weight change/fluctuation, 3) cultural and social norms, 4) individual attitudes to weight and shape, 5) cognitive and affective variables, 6) individual psychopathology, and 7) biological variables. Considering the multiple factors that affect body image, it is apparent that this concept is complex.

The exact dimensions of body image remain unclear which may be a result of the construct's complexity. Examples of proposed dimensions of body image include: actual body size, body-size distortion, preference for thinness, fear of fatness, body dissatisfaction, appearance, fitness, health, illness, cognitions and affect regarding body, body importance and perceptual body image (Brown, Cash & Milunka, 1990; Gleaves, Williamson, Eberenz, Sebastian & Barker, 1995; Banfield & McCabe, 2002). Although the exact dimensions are uncertain, it is clear that body image is an area that has potential implications for health. A review of body dissatisfaction prevalence rates and consequences will follow.

Body Dissatisfaction and Its Consequences

In Western society where thinness is culturally valued and associated with health, fitness and desirable personality qualities (Brownell, 1991), many people have a negative body image. In Psychology Today's survey of 4000 people, 66% of females and 52% of males were dissatisfied with their weight (Garner, 1997). Although higher body weights are associated with increased dissatisfaction (Allaz, Bernstein, Rouget, Archinard & Moraba, 1998; Anderson, Eyler, Galuska, Brown, & Brownson, 2002; McLaren & Gauvin, 2002; Smith, Thompson, Kaczynski & Hilner, 1999) some studies have reported that even individuals who are within a healthy weight range desire weight loss (Allaz et

al.; Green et al., 1997; Lowry et al., 2002). In general, health followed by appearance are the most common motivators to lose weight (Brink & Ferguson, 1998; Green et al.). For some women, however, attaining a certain image is considered to be more important than their health (Charles & Kerr, 1986; McKie et al., 1993). The response to this body dissatisfaction and desire for weight loss has been the uptake of potentially health damaging behaviours such as extreme dieting, excessive exercising and cosmetic surgery (Brownell).

Despite the low success rates (5%) of reducing diets (National Institutes of Health [NIH] Technology Assessment Panel, 1993), dieting is the most common strategy used to lose weight (Garner, 1997; Green et al., 1997). Dieting strategies range from reducing dietary fat to unhealthy behaviours such as skipping meals, taking laxatives, vomiting after eating, taking questionable diet pills and/or smoking (Garner; Levy & Heaton, 1993; Lowry et al., 2002). Furthermore, dieting may eventually precipitate binge eating and serious eating disorders such as anorexia and bulimia nervosa (Stice & Shaw, 2002; Garner & Wooley, 1991). When one considers that the dieting industry in the United States alone brings in 30-50 billion dollars per year (Berg, 2000) reliance on it to lose weight also gives dieters financial vulnerability. Part of the financial success of the dieting industry is explained by the failure of diets which promotes repeat customers (Germov & Williams, 1996).

Not only does body dissatisfaction put women at physical and financial risk but it is also associated with impaired psychological well-being (Grilo, Wilfley, Brownell & Rodin, 1994; Monteath & McCabe, 1997; Pinhas, Toner, Ali, Garfinkel & Stunkless, 1999; Tiggeman, 1992; Tiggeman & Stevens, 1999; Wiederman & Pryor, 2000;

Reboussin et al., 2000; Stokes & Frederick-Recascino, 2003). Self-esteem has been negatively associated with body dissatisfaction (Grilo et al.; Monteath & McCabe; Tiggemann & Stevens; Tiggeman). Moreover, studies have reported increased depression, reduced overall quality of life, decreased pleasant feelings and increased unpleasant feelings to be positively correlated to body dissatisfaction (Wiederman & Pryor; Reboussin et al.; Stokes & Frederick-Recascino).

Given that body dissatisfaction has negative physical, economic and psychological consequences it is an area that demands attention. A review of influencing factors on body image will follow.

Influences on Body Image

Gender

Although body dissatisfaction exists in women and men, women appear particularly vulnerable (Pliner, Chaiken, & Flett, 1990; Feingold & Mazzella, 1998; Hoyt & Kogan, 2001; Reboussin et al., 2000; Sondhaus, Kurtz, & Strube, 2001). Pliner et al. studied eating and the importance of weight and physical appearance in 739 Canadian males and females aged 10-79 years. They reported that gender differences regarding eating, body weight and physical appearance are evident across the lifespan, with women of all ages presenting more weight related concerns than men.

Compared with men, women have become increasingly more dissatisfied with their bodies over the past 50 years (Feingold & Mazzella, 1998). In a meta-analysis of 222 studies from 1948-1998 concerning gender differences in body image, women's body satisfaction decreased whereas men's body satisfaction either stayed the same or

decreased to a lesser extent (Feingold & Mazzella). The strongest trend noted was the increase in the number of women who were the most dissatisfied with their bodies. Consistent with these findings, a recent study found that body attitude scores of females drastically decreased from 1966 to 1996 whereas there were no significant differences in males' body attitude scores over the 30 year period (Sondhaus et al., 2001).

There are several potential reasons why women are more dissatisfied with their bodies. To begin, physical appearance is much more central to the evaluation of women (Schur, 1983). For a woman, her self-image, social and economic success and survival may be largely determined by her appearance (Seid, 1994). This devalues a woman's other qualities, making her looks a key determinant to her success or failure (Schur). A man's success, however, is based on how he acts or what he accomplishes; looks are a secondary factor (Seid).

In our culture a woman is taught that in order to be feminine she must have strict controls over her bodily functions (Seid, 1994). The same standard does not apply to men. For example, it is far more acceptable for a man to belch or spit than for a woman. This inconsistency also applies to dieting and body size. For a woman, control of her appetite and body weight is seen as virtuous. Influencing body weight to coincide with society's ideal, however, is harder to achieve for females as the ideal more closely resembles the natural body of a male (Seid, 1994). A further discussion of the ideal will take place in the next section. Because body dissatisfaction primarily affects women, they will be the focus of the remainder of this review.

The Female Body Ideal

A major contributing factor to the decline in women's body image is the current unrealistic female body ideal (Stice & Shaw, 1994). In affluent Western societies, the ideal female body weight has steadily decreased over time (Grogan, 1999). Before the 1920's, a 'plump' body was considered to be fashionable (Grogan). This ideal can be traced back to the Middle Ages when women with full figures were depicted in paintings. A women's social value has always corresponded with the ideal female body (Brown & Jasper, 1993). The 'fertile looking' body was the ideal when women's role as a child bearer was most important. The advent of 'flapper fashion' after World War I initiated the quest for thinness (Grogan). Flappers were straight, low-waist dresses that required women to have a boy-like figure to show off the dress. The trend for thinness has continued since then. Today's thin and muscular ideal corresponds with women entering the labour force and the public sphere and the decreased emphasis on the role of a woman in child bearing (Brown & Jasper). This image is beyond what many women can attain with healthy and reasonable levels of dieting and exercise (Brownell, 1991). In fact, the ideal image portrayed by models corresponds to the thinnest 5% of women on a normal weight distribution curve which excludes 95% of women from attaining the ideal (Kilbourne, 1994).

The ideal female body portrayed by the media corresponds to society's ideal that has been steadily decreasing in size (Spitzer, Henderson, & Zivian, 1999). Currently the media depicts both an unattainable and unhealthy body weight for women. All Miss America pageant winners (from 1980-1988) and 99% of Playboy models (from 1980-1997) had Body Mass Indexes (BMI, a ratio of weight to height) lower than 20 which

was considered underweight and a potential risk factor for health problems (Spitzer et al.; Health & Welfare Canada, 1988). It must be noted, however, that Health Canada (2003) has recently updated their body weight classification system. The lower end of the healthy weight range is now a BMI of 18.5 not 20 (Health Canada, 2003). Although Spitzer et al. did not report the percentage of Miss America pageant winners and Playboy models that had BMIs below 18.5, the average BMI since 1977 was below 18.5 (Spitzer et al.). Furthermore, 17% of Miss America winners and 29% of Playboy models had BMIs lower than 17.5. Thus, even when considering new weight recommendations, this study supports the fact that the media portrays body weights for women that may suggest a health risk.

Conformity with the female body ideal repeatedly surfaces as an influence on women's body image (Charles & Kerr, 1986; Delaney et al., 1997; Monteath & McCabe, 1997). Not surprisingly, the farther away a women is from society's ideal, or the higher her body weight, the more she is dissatisfied with her body (Smith et al., 1999; Allaz et al., 1998). A discussion of how the ideal is conveyed in our society will be presented next.

Media

One of the most pervasive ways of communicating the current female body ideal is through the media (Groesz et al., 2002), including television, billboards and print magazines. For example, in a content analysis of 69 covers of popular female magazines, 54 (78%) of them displayed a message regarding bodily appearance (Malkin, Wornian & Chrisler, 1999). Many studies using both quantitative and qualitative methods have found

the media to be an influencing factor on women's body image (Garner, 1997; Groesz et al., 2002; Lavin & Cash, 2001; Paquette & Raine, submitted; Delaney et al., 1997; McKie et al., 1993). In a recent meta-analysis of 25 studies from 1991-1999 it was found that after viewing 'thin' media messages, women's body dissatisfaction was significantly lower than after viewing a control condition of either average size models, plus size models, or inanimate objects (Groesz et al.). In Psychology Today's survey of 3,452 women, 23 % felt that movie or TV celebrities influenced their body image and 43% felt that thin and muscular models influenced them to feel insecure about their own weight (Garner).

Relationships

Partners

Another way that society's ideal female body is reinforced is through relationships with people. Numerous studies have shown that men are an influence on women's body image (Charles & Kerr, 1986; Delaney et al., 1997; Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999; McKie et al., 1993; Paquette & Raine, submitted; Tantleff-Dunn & Thompson, 1995;). It appears that men have an effect on how women feel about their bodies in three different ways. These include women's perceptions of their partner's concept of the ideal female body (Charles & Kerr; Paquette & Raine; Tantleff-Duff & Thompson), actual comments to women regarding their body weight (Charles & Kerr; Delaney et al.; McKie et al.; Paquette & Raine) and through the characteristics of their relationship (Friedman et al.). For example, individuals who are

satisfied with their marriage are less dissatisfied with their bodies even when controlling for BMI, self-esteem and gender (Friedman et al.).

Friends

Friends and other women also influence how women feel about their bodies (Delaney et al., 1997; Mckie et al., 1993; Paquette & Raine, submitted; Paxton et al., 1999). This is conveyed through the comments they make to one another regarding weight. Furthermore, the common practice of collective dieting is an example whereby women police and monitor each other's weight (Paquette & Raine). Peers may also be used as appearance comparison targets (Cash, Cash, & Butters, 1983). According to social comparison theory, people tend to examine others in their surroundings and compare self to others on specific characteristics (Festinger, 1954). Hence if a woman feels she looks better than her peers she may feel more satisfied with her body.

Health Professionals

Through the promotion of health interventions aimed at weight loss, health professionals reinforce society's thin ideals (Germov & Williams, 1996). Furthermore, some health professionals are not resistant to prejudice towards overweight and obese individuals (Harvey & Hill, 2001). Physicians, who for many are the primary source of health advice, influence women's body image through their comments regarding weight (Charles & Kerr, 1986; Paquette & Raine, submitted). Moreover, some physicians discriminate against obese patients (McAfee, 1997; Wright, 1998; Carryer, 2001). Obese

women found that all of their illnesses, even a throat infection, could be blamed on their obesity (McAfee). Similarly, doctors would constantly tell their patients to lose weight despite it not being the purpose of the visit. Consequently, many of the obese women would delay medical treatment to avoid seeing their doctors.

Registered dietitians are health professionals who are involved in assessing people's body weight and dietary intake. Research results of dietitian's attitudes towards overweight and obesity have been mixed with negative (Oberrieder, Walker, Monroe & Adeyanju, 1995), neutral (Harvey, Summerbell, Kirk & Hill, 2002; McArther & Ross, 1997) and positive (Harvey et al.) attitudes reported. Furthermore, some dietetic students and dietitians incorrectly assessed themselves as overweight when they were not (Oberrieder et al.). This may signify that these dietitians were more influenced by society's ideal than by their education in regards to body weight.

It has been shown that the media and relationships with people such as partners, friends and health professionals have a potential influence on women's body image through reinforcing the current ideal female body. A discussion of the relationship of demographic factors including age, ethnicity and socioeconomic status to women's body image will now follow.

Demographic Influences

Age

Body dissatisfaction in females has been reported in childhood (Berg, 2000; Davison et al., 2000), adolescence (Grogan, 1999) and throughout adulthood (Bennett & Stevens, 1996; Heatherton, Mahamedi, Striepe, Field & Keel, 1997; Paxton & Phythian,

1999). Evidence suggests that females are becoming dissatisfied with their bodies at earlier ages. In fact starting as young as age 5, body dissatisfaction has been reported (Davison et al.). During the teen years, body dissatisfaction increases as puberty naturally places girls' bodies farther from the ideal which is youthful and slim (Grogan). As women continue to age their bodies tend to move even further away from the ideal (Grogan; Tiggeman & Lynch, 2001). Thus it would be expected that body dissatisfaction would increase. However, some studies have reported women's body dissatisfaction to remain fairly constant throughout adulthood (Paxton & Phythian; Tiggeman & Stevens, 1999; Tiggemann & Lynch) and others have reported that body dissatisfaction decreases with age (McLaren & Gauvin, 2002; Reboussin et al., 2000). This may be explained by the fact that older women choose heavier ideal bodies (Tiggeman & Lynch). However, one study found that ideal bodies are consistent across a wide age-span (Rand & Wright, 2000) suggesting that other factors may be leading to decreased body dissatisfaction.

The meanings and experience of the body does change across the life span (Tiggeman & Stevens, 1999; Tiggeman & Lynch, 2001). Tiggeman and Stevens studied self-esteem and feminist attitudes in relation to body image in women aged 18-60 years. A negative relationship between self-esteem and body dissatisfaction was only found in the women who were 30-49 years. Likewise, a strong feminist orientation was related to a lesser concern with weight during this age span. These results suggest that different processes underlie women's body image in various stages of adulthood.

Ethnicity

Society's thin body ideal has been associated with dominant Caucasian sociocultural values (Grogan, 1999). Therefore, it has been suggested that Caucasians may be more dissatisfied with their bodies. Research results regarding ethnic differences in body image, however, have been mixed. Some studies suggest ethnic differences (Powell & Kahn, 1995; Smith et al., 1999; Gittelson et al., 1996; Rouboussin et al., 2000; Wildes et al., 2001), while others have not (Marchessault, 1995; Cachelin, Striegal-Moore & Elder, 1998; Ogden & Elder, 1998; Koff, Benavage & Wong, 2001; Snooks & Hall, 2002). The latter studies may imply that mainstream sociocultural pressures have spread beyond Caucasian women. This trend may also have implications for class-based differences in body image as ethnicity and class are frequently interconnected.

Studies comparing African American and Caucasian American women have reported Caucasian women being more dissatisfied with their bodies, choosing thinner ideals, expressing more concern with weight and dieting, and reporting more social pressure to be thin (Powell & Kahn, 1995; Smith et al., 1999; Wildes et al., 2001). In African American culture a plump female body has been regarded as sexual and powerful (Grogan, 1999). This is in sharp contrast to the thin 'Caucasian' female ideal. Thus, it seems reasonable that Caucasian women would be more dissatisfied with their bodies. However, some studies have found no difference between body image in African American and Caucasian women (Cachelin et al., 1998; Snooks & Hall, 2002).

Similar studies have also been conducted comparing Asian Americans, Mexican Americans and Caucasian Americans. The studies reviewed found no differences in these ethnic groups (Ogden & Elder, 1998; Snooks & Hall, 2002; Koff et al., 2001;

Cachelin et al,1998; Wildes et al., 2001). It should be noted that Snooks and Hall controlled for income which may suggest that income could be a mediating factor in the effect of ethnicity on body image. Limited research has been done on Aboriginal populations and body image (Marchessault, 1995). Canadian Ojibway-Cree were found to prefer heavier body types compared to Caucasian populations (Gittelson et al., 1996). However, in a small sample of Aboriginal mother and daughter pairs from Manitoba, weight concerns were found comparable to non-Aboriginal samples (Marchessault). These studies may suggest that other ethnic groups living in North America with exposure to socially transmitted messages have adopted 'Caucasian' standards of beauty.

Socioeconomic Status

It has commonly been thought that middle and upper class individuals are the most concerned with their body appearance (Grogan, 1999; McLaren & Gauvin, 2002). This was based on the fact that these individuals had the time and money to buy fashionable clothing to attain a body that would show off the clothing (Orbach, 1993). Furthermore, it was thought that eating disorders (an extreme consequence of body dissatisfaction), had a higher prevalence in those individuals from higher SES groups. (Gard & Freeman, 1996; McLaren & Gauvin, 2002). However, differences in body image and SES have rarely been addressed in the literature (Grogan). Body image studies investigating differences in social class have primarily been on adolescents and have produced conflicting results (Drewnowski, Kurth, & Krahn, 1994; Grant et al., 1999; Ogden & Thomas, 1999; Robinson et al., 1996; Story et al., 1995; Toro et al., 1989; Wardle & Marsland, 1990).

Some studies have found increased SES to be associated with greater weight concern (Wardle & Marsland, 1990; Ogden & Thomas, 1999; Drewnowski et al., 1994). Different populations were studied including children aged 11-18 from England (Wardle & Marsland), girls aged 13-16 from England (Ogden & Thomas) and university bound 18 year olds from the United States. (Drewnowski et al.). Various indicators of SES were used including the school they attended (Wardle & Marsland), parents' occupation and education (Ogden & Thomas), father's education (Drewnowski et al.) and what social class the participants' thought they belonged in (Ogden & Thomas).

In contrast, one large study found that adolescents of higher SES had greater weight satisfaction and lower pathological weight control behaviours such as vomiting and use of diuretics (Story et al., 1995). This study included 36,320 students in grades 7-12 from Minnesota. It was also found that females with lower SES were less likely to diet and less likely to perceive themselves as overweight. SES was based on parental education and employment.

Still other studies found no significant differences in body image between groups with different SES (Toro et al., 1989, Robinson et al., 1996). Populations studied included 12-19 year olds from Spain, (Toro et al.) and grade 6 and 7 girls from California (Robinson et al., 1996). Indicators of SES included parental occupation (Toro et al.) and parental education (Robinson et al.). Studies investigating women, SES and body image are presented next.

British women of lower SES do experience body image concerns (McKie et al., 1993). Through focus groups, women who were primarily from the working class explored ideas around the meaning of the word 'health'. One of the main health issues

discussed by the women was body image and its relationship to weight and food consumption. Many of these women felt resentful as they were expected to prepare food on a limited budget and also adopt a weight reducing diet. Healthy foods such as brown bread and 'slimming' products were seen as too expensive to access.

The studies on SES reviewed so far have considered affluence as either an individual or neighbourhood (based on school) attribute. In a Canadian study measuring both individual (based on family income) and neighbourhood affluence (based on Statistics Canada's census tract) it was revealed that irrespective of income, affluent neighbourhoods promote body dissatisfaction (McLaren & Gauvin, 2002). Body dissatisfaction was not found to vary between either income level or neighbourhood. However, the relationship between BMI and body dissatisfaction did show neighbourhood to neighbourhood variation. For example, a woman with an average BMI was more likely to report body dissatisfaction if she lived in an above-average affluent neighbourhood versus if she lived in an average-affluent neighbourhood. Thus, it is important to consider the local social environment when investigating body image. Furthermore, this study suggests that low-income women are not immune to body image concerns.

Studies have begun to reveal some of the associations between SES and body image. Some have suggested that females of lower SES do have body image concerns (Toro et al., 1989; Robinson et al., 1996; Grant et al., 1999; Story et al., 1995; McKie et al., 1993; McLaren & Gauvin 2002). The majority, however, were quantitative and gave frequency data but did not explore the depth of the problem. It is important to review the context in which low-income women experience their bodies, as living in a culture of

Living with food insecurity

Women living in persistent financial insecurity experience food problems not familiar to higher income populations (Hamelin et al., 2002; Rainville & Brink, 2001; Tarasuk & Maclean, 1990; Travers, 1996). On a limited budget, money for food competes with other necessary expenses such as rent and utility bills (Tarasuk, 2001; Travers). Thus food purchase becomes compromised when fixed expenses increase. Even if other expenses remain stable, money received from social assistance is often not adequate to purchase healthy foods (Travers). Food procurement becomes further complicated by issues such as child care, transportation and housing design (Rainville & Brink; Travers).

Low-income women use many coping strategies in response to their food challenges. These include: budgeting practices such as clipping coupons and buying items on sale, buying food on credit, bartering, purchasing from door to door sales people, joining community kitchens and/or belonging to a buying club (Hamelin et al., 2002; Rainville & Brink, 2001; Travers, 1996). Furthermore, low-income women may buy inexpensive foods, reduce their serving size or skip meals all together in order to stretch their food dollar (Hamelin et al.; Rainville & Brink). In conditions of severely constrained resources many women will deprive themselves to feed their children (Badun, Evers & Hooper, 1995; Hamelin et al.; McIntyre, Raine, Glanville & Dayle, 2001; Travers). Despite budgeting skills and innovative strategies to obtain food in socially acceptable ways, many women have to resort to charity for food (Hamelin et al.; Tarasuk & Beaton, 1999;Tarasuk & Maclean, 1990; Travers). At food banks it is not

financial insecurity could have potential implications for their body image. Due to the strong relationship of food to body weight and functioning, the food experiences of low-income women will be the focus of the remainder of this review.

Food security

Food Security is defined as "access by all people at all times to enough food for an active healthy life and includes at a minimum: a) the ready availability of nutritionally adequate and safe foods, and b) the assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, and other coping strategies)" (Anderson, 1990, p.1560). Accordingly, food insecurity exists when those circumstances are limited or uncertain. Despite the fact that access to food is one of the most basic human rights (Anonymous, 1948), approximately 3,000,000 Canadians (12%) experienced some degree of food insecurity in 1998 (Rainville & Brink, 2001). Three levels of food insecurity have been identified including household, individual and child (Kendall, Olson, & Frongillo, 1995). In most households, everything is done to prevent a child from being hungry, thus, the latter level represents the most food insecure. A negative relationship exists between the degree of food insecurity and income, education and employment (Kendall et al.). Relationships between obesity and degree of food insecurity also exist and will be explored in a later section.

uncommon to be given foods that would normally be deemed uneatable such as expired foods and dented cans (Hamelin et al.; Teron & Tarasuk, 1999).

It is not surprising that the diets of low-income women are often compromised. Several studies examining the nutritional quality of low-income women's diets suggest that these women are at risk for several dietary deficiencies (Badun et al., 1995; Kendall et al., 1995; Tarasuk & Beaton, 1999; McIntyre et al., 2001). Furthermore, their diets are often higher in fat and sugar (Leather, 1997; Jeffrey & French, 1996). The nutritionally inferior diets of low-income women are not due to lack of education (Badum et al.). Poor diet quality is mostly caused by the higher costs of healthier, lower fat foods (Roos, Prattala, Lahelma, Kleemola, & Pietinen, 1996).

Poor diet quality affects women's physical well-being (Hamelin et al., 2002). As a result of inadequate food intakes women report hunger pangs, loss of appetite and episodes of exhaustion and/or sickness (Hamelin et al.). Diet quality and eating patterns also contribute to the higher incidence of obesity in this population (Frongillo et al., 1997; Jeffrey & French, 1996; Paeratakul, Lovejoy, Ryan & Bray, 2002; Sobal & Stunkard, 1989; Townsend et al., 2001) which is associated with numerous chronic diseases including diabetes, hypertension and heart disease (Paeratakul et al.).

Food insecurity is thought to influence weight through two mechanisms (Frongillo et al., 1997; Sarlio-Lahteenkorva & Lahelma, 2001; Townsend et al., 2001). For severely food insecure women, the incidence of obesity is lower than in food secure women (Frongillo et al.). This is a direct relationship whereby lower food intakes result in a lower body weight. For mildly food insecure women, however, the prevalence of obesity is higher than for food secure women (Frongillo et al.). This relationship is

indirect and is mediated by abnormal or unusual eating habits. Because money for food is not constant, low-income women's eating patterns are not always consistent. For example, at the end of a pay period, food may be in limited supply thus the women's eating becomes restricted. A potential consequence of restrained eating is bingeing (Polivy, Zeitlin, Herman, & Beal, 1994). Thus, after receiving a pay cheque excess eating could take place which may result in weight gain. Although levels of physical activity also influence weight, no studies were found that investigated the exercise patterns of low-income women.

The lack of control that the women have over their diets not only affects physical health but influences psychological well-being (Hamelin et al. 2002; Tarasuk & Maclean, 1990). The inconsistency of available food combined with the necessity to eat substandard foods may result in feelings of powerlessness, embarrassment, and shame (Hamelin et al.). Additional consequences of food insecurity include being focused on survival, a lack of resilience and difficulty investing in oneself (Rainville & Brink, 2001).

The women's eating patterns may also indirectly affect psychological well-being through their influence on weight gain. Overweight people are seen as unattractive, aesthetically displeasing and weak willed (Crandall, 1994). In fact, obesity is considered the last form of socially acceptable prejudice (Berg, 2000; Stunkard & Sobal, 1995). Thus, overweight low-income women are not only stigmatized due to poverty but also because of their weight.

As previously discussed, greater body dissatisfaction which is associated with impaired psychological well-being occurs with increased weight (Allaz et al., 1998; Grilo et al., 1994; Monteath & McCabe, 1997; Pinhas et al., 1999; Reboussin et al., 2000;

Stokes & Frederick-Recascino, 2003; Tiggeman, 1992; Tiggeman & Stevens, 1999; Wiederman & Pryor, 2000). As a consequence of this dissatisfaction, many women attempt to lose weight (Allaz et al.). Low-income women, however have unique barriers to weight loss. It would be difficult if not impossible to make weight loss a priority for a woman who is worried about having enough food to feed herself and her children. Many low-income women do not have ample money for healthy foods let alone to invest in expensive diet and exercise plans (Hamelin et al.). Furthermore, the feelings of inadequacy that result from poverty may be another obstacle to pursing an ideal body.

Summary

This review has established that body image is influenced by numerous factors and body dissatisfaction makes women vulnerable in today's society. The consequences of living with food insecurity may influence how low-income women view their body but to date, studies have not adequately explored this area. Although McKie et al. (1993) qualitatively studied body image in 'working class' women, a more thorough investigation is needed. The original intent of the McKie et al. research was to study the broad issue of health, not body image. Given that the health of low-income women is already compromised, it is important to gain a greater understanding of their body image. Thus, it is necessary to perform exploratory research in this area to fill this gap in knowledge.

Objectives

The objectives of this research included:

1. To understand what influences low-income women's body image.
2. To understand the implications of low income on women's body image.

CHAPTER 3: METHODS

Ethnography

The current understanding of low-income women's body image primarily originates from quantitative frequency studies. Some studies suggest that low-income women do have body image concerns (McKie et al., 1993; McLaren & Gauvin 2002). Yet little is known about what low-income women perceive to influence their body image as studies have failed to consider the context in which their body image develops. A qualitative exploratory design is necessary to more thoroughly address this topic. Qualitative methodology facilitates gaining a deeper perspective in an area (Marshall & Rossman, 1999). Furthermore, the exploratory design is particularly useful for research that investigates complexities and processes for topics such as low-income women's body image where pertinent variables have yet to be discovered (Marshall & Rossman).

The qualitative method that best addresses body image in low-income women is ethnography, which is a way to study cultures. Body image is a socially constructed phenomenon; therefore, by studying the culture where it is conceptualized a greater understanding of the concept can be developed. LeCompte & Schensul (1999) define culture as the "beliefs, behaviours, norms, attitudes, social arrangements and forms of expression that form desirable social patterns in the lives of members of a community or institution" (p. 21). The concept of culture helps the ethnographer search for a logical, cohesive pattern that characterizes a group (Fetterman, 1998). The ethnographer is concerned with comprehending and describing a culture from the participant's perspective (Fetterman).

Although ethnographies can take many forms, a focused ethnography is most appropriate for answering the research questions. Focused ethnographies are used to "elicit information on a special topic or a shared experience" (Morse and Richards, 2002, p. 53). They may be carried out in a sub-cultural group that is not totally different from the culture of the researcher. Low-income Canadian women are an example of such a cultural sub-group. Unlike traditional ethnography, before the study commences, a specific topic is identified (Mueke, 1994). In this study body image was identified as the specific topic.

Sample

Sampling Framework

The type of sampling used in this research was purposive. The intent of this study was to find a cross section of low-income women who would be able to articulate a broad range of low income perspectives on body image and related issues. Because employment status and social roles are related to income (National Council of Welfare [NCW], 2002), women of differing employment status (employed vs. unemployed) and social roles (single vs. partnered, children vs. no children) were purposively recruited. Including women with these various backgrounds helped to ensure a wide and varied representation of low-income women.

Selection Criteria

A woman was eligible for this study if her annual household income was less than or equal to Statistics Canada's low-income cut-off (LICO) for Alberta[1] (NCW, 2002), she was Caucasian, she had lived in Canada her entire life, and she was between the ages of 20 to 50 (and had not entered menopause). Limiting the sample to women who have lived in Canada all of their lives was done as this research sought to find out specifically about the low-income Canadian cultural influences on body image. Furthermore, recruiting only Caucasians was done to eliminate the potential effects of other cultural contexts on body image. The lower limit for age was set at 20 as body image in adolescents has been studied extensively and was not the focus of this research. An upper limit was set at 50 to prevent possible confounding effects of menopause on body image.

Women were excluded from this study if they had a pre-existing illness that may affect body image. As well, they were excluded if they were pregnant or had a child less than one year old as these factors may also affect body image (Davies, 1994; Jenkin & Tiggeman, 1997). Eligibility was determined through telephone screening (Appendix A).

Access to Participants

To allow for a diverse sample, participants were recruited through various organizations and people who work with low-income women. Recruitment contacts varied in their purpose and their services. Two agencies provided pre-employment

[1] LICOs correspond to levels of income where disproportionate amounts of money are spent on food, shelter and clothing (NCW, 2002). Specifically, the percentage of total income spent on food, clothing and shelter is 20% higher for people living on low incomes. LICOs are updated yearly and vary by family and community size.

programs and one was an inner city drop-in centre. Furthermore, the coordinator of collective kitchens and the owner of a community development business assisted in recruitment.

Recruitment was a challenging phase of this research. It was necessary to contact multiple organizations and individuals regarding the possibility of assisting in recruitment to obtain the five who were willing to help. Although some women agreed to participate in the study without any initial contact with the researcher, in most cases it was necessary for the women to be familiar with the researcher. At two agencies, the organization gave permission for the principal investigator to discuss and answer questions about the study. After the discussion, women interested in participating talked with the principal investigator. At the inner city drop-in centre, the researcher volunteered at the bi-weekly women's lunch and a parenting class. Potential participants were then told about the study by an agency staff member. The women either gave permission for the principal investigator to call them or they called the principal investigator directly. It should be noted that only two women called the principal investigator directly so relying on this as a primary method of recruitment is not recommended. During the initial conversation, the principal investigator provided an explanation of the research and arranged a meeting at a convenient time and location for the participant. The interviews took place in a variety of settings including various recruitment agency offices, participant's homes, a restaurant and a university office.

Sample Size

A total of 13 women took part in this study. Sampling continued until theoretical saturation occurred meaning that no new categories arose in the interview data (Glaser, 1978) and a wide enough representation of low-income women was attained. The usual number of participants required to reach saturation in ethnographic research is between 30-50 (Morse and Richards, 2002). Considering the focused scope of this research, the estimated number of participants to reach saturation was 10-12. After 10 women had been interviewed, only 1 had been employed and only 1 did not have children. For that reason, the criterion of being employed was added during the final stages of recruitment. It was decided not to actively pursue recruiting any more women without children because it was considered too difficult given that a large proportion of low-income women have children.

Participants

The participants ranged in age from 26 to 48. Twelve of the 13 women had between 1 and 11 children. The age of the children ranged from 1 to 26 years. Nine women were not currently employed. Of the four women who were employed, three worked in full time jobs and one worked on a casual basis. Three women had a partner at the time of the interview, the remaining 10 were single. Although not explicitly asked, the women spoke of only heterosexual relationships.

Data Collection

Semi-structured Interviews

Because focused ethnographies are limited in scope, not all the data collection methods traditionally associated with ethnography need to be used (Morse & Richards, 2002). Data collection was through individual semi-structured interviews. An interview guide with a series of open-ended questions and planned probes was developed for the first interview (Appendix D). Although the questions were arranged in a specific order, they were not necessarily asked in that order to every participant. Unplanned probes were also used depending on the women's responses. Each participant was interviewed twice. The interviews lasted between 20 to 75 minutes. The researcher took notes during the interview to draw attention to items where she needed to ask the participant for further elaboration. After each interview, the researcher wrote down her overall impression of the interview that comprised field notes for context and initial interpretive insights.

Peer debriefing with the co-investigator occurred after the first interview to ensure that the researcher interpreted the interviews as intended and to talk about areas that should be further discussed with the participants. Thus, for the second interview questions were different for each participant and were developed after conducting the first interview.

Recording Procedures

The interviews were audio-taped and transcribed with the participant's informed consent. Only one interview was not recorded as the participant did not feel comfortable. At that interview, the researcher was unable to ask the participant the questions she had originally intended due to the emotional state of the woman. Afterwards, the researcher took notes describing what had taken place. This participant's first interview was still used for analysis as there was no evidence that she no longer met eligibility requirements.

Data Management

As each interview was transcribed, the participants were given code names to be used in the reporting of any data. Two electronic copies were saved and one hard copy was printed. The tapes will be kept for at least five years which is consistent with the University of Alberta's ethical guidelines (University of Alberta, 2003).

Data Analysis

Ethnographic analysis has been described as "the search for parts of a culture and their relationships as conceptualized by the informants" (Spradley, 1979, p. 93). Thus, in this focused ethnography, the analysis centered on searching for elements of the low-income Canadian culture that affects women's body image. Data analysis proceeded concurrently with data collection.

Content analysis was used as the primary method of data analysis. This process included both coding and categorizing of the data (Mayan, 2001). To begin, the

interview transcripts were coded by topic. Coding is defined as 'the process of identifying persistent words, phrases, themes, or concepts within the data so that the underlying processes can be identified and analyzed" (Morse & Field, 1995, p. 241). This simplified the data so that specific characteristics could be focused on (Morse & Richards, 2002).

Once coding was completed, categorization began. The areas of the text that were identified while coding were arranged into categories. These categories were reviewed numerous times and modifications were made when necessary. Within the categories, interpretation of the data took place. The final number of categories identified was 11. Some sub-categories were divided further. The categories were then organized into three broad levels. This allowed for all of the data to be included in a manageable form (Mayan, 2001). Once the categories were saturated (no new ideas arose in the interviews resulting in replication in the categories) and all data was accounted for, a summary was written for each one.

The categories were evaluated based on both internal and external homogeneity (Mayan, 2001). The former refers to if all of the data fit into an individual category and if it makes sense. The latter ensures that each category is separate from the others.

Rigour

In order to ensure that this study was rigorous, continuous attention was placed on verification. Verification has been described as "the process of checking, confirming, making sure and being certain" (Mayan, 2001, p. 26). Consequently, if any problems

arose that may have affected reliability and validity, they were dealt with immediately. The following is a summary of the verification strategies that were implemented.

Investigator Responsiveness

Investigator responsiveness is described as "the investigator's creativity, sensitivity, flexibility and skill" (Mayan, 2001, p. 26). The principal investigator analyzed the data concurrently during the data collection. Thus, she constantly asked questions with respect to the data to determine if there were sufficient data to support the categories and if the categories had been saturated. This determined how many participants needed to be recruited. Meetings were held between the principal investigator and the co-investigator every one to two weeks to discuss the data. In-depth questioning of the data took place at these meetings.

Sampling

Special consideration was taken to make certain that sampling resulted in participants who had knowledge on the research topic. It is logical that women who have low incomes were the best people to answer the research questions. As previously discussed, a variety of women were recruited to ensure an adequate representation of the topic. Sampling number adequacy was determined by saturation of the categories. Enough women had been interviewed when no new ideas arose in the interviews resulting in replication in the categories.

Concurrent Data Collection and Analysis

Conducting the interviews and analyzing the resulting transcripts occurred concurrently. This informed the researcher what was known and what still needed to be discovered about low-income women's body image. The data and the resulting analysis were constantly checked, monitored and confirmed. This process has been described as the essence of attaining reliability and validity (Mayan, 2001).

Researcher Journal

The researcher wrote in a journal, separate from the field notes about her personal biases and assumptions regarding women's body image throughout the course of the study. The researcher had both differences and similarities to the participants. Differences included being from a middle class background, having a university education, being younger than all the participants except for one and having no children. Similar to most of the participants, the researcher did not have access to a car at the time of the study. Furthermore, she was a Caucasian woman living in the same city as the women. Thus, she was exposed to some of the same messages regarding body image as the participants were. The researcher thought critically and recorded how she felt her ideas may influence the study. Although this journal was used to provide context and background for the analysis, only the participant's ideas were coded and categorized.

Participant Check

During the second interview, the participants were asked to verify some of the preliminary interpretations of the first interview. This is known as a 'participant check' (Mayan, 2001) and helped to ensure that the researcher had correctly heard the participant's story. The success or failure of ethnography has been described as the degree to which it rings true for the participants of the ethnography (Fetterman, 1998). Thus, participant checks were an important component of this research.

Audit Trail

A final method of ensuring rigor was an audit trail, the documentation of the various decisions of the principal researcher. This allowed the co-investigator to examine the data by following the decision trail of the principal researcher. By using the audit trail as a guide, the two researchers came up with similar conclusions about the data, which ensured reliability.

Ethical Considerations

Ethical Review

Ethical approval was obtained by the Health Research Ethics Board (Panel B), University of Alberta, on October 7, 2002.

Informed Consent

The study was introduced by recruitment agency staff to prevent the women from feeling coerced into participating. Once contact had been made between the participant and the principal investigator, the study was explained in more detail. At the interview, the participants read a study information letter (Appendix B), asked questions if they required clarification and then signed the consent form (Appendix C). The women were informed that if they withdrew from the study it would not affect the services they received from the recruitment agency. None of the participants withdrew. Furthermore, they were told that they could refuse to answer any questions or ask for the tape recorder to be turned off during the interview. In one interview, the woman did not wish to be recorded.

Confidentiality

The participants were told that they would not be identified and that only the research committee would have access to the raw data. Moreover, all information would be held private, except when professional codes of ethics or the law requires reporting. No such case arose. Consistent with the University of Alberta's guidelines (University of Alberta, 2003), the study data will be kept for at least five years in a secure area after the study is completed. The audiotapes and transcripts will be kept for research uses only.

Anonymity

The principal investigator explained that only she and the co-investigator would know the participant's identity. Although staff at the recruitment agencies may have known who participated they would not know what was said by an individual participant in an interview. Code names were assigned for each woman. Furthermore any identifying names were changed.

Risks and Benefits

The main risk identified was that by discussing body image, the women may feel uncomfortable with what they learned about themselves and their body. The phone number of the Eating Disorder Education Association (EDEA) was on the information letter. The women were told that the EDEA could be contacted to help find information or a professional to meet their needs. One woman felt uncomfortable discussing body image issues for the second interview so it was not conducted. She was reminded that she could contact the EDEA.

The immediate benefit from this study was that the women received a $10 grocery store gift certificate for each interview. Furthermore, this research is useful for health care providers and social service agencies to better respond to the needs of women.

Summary

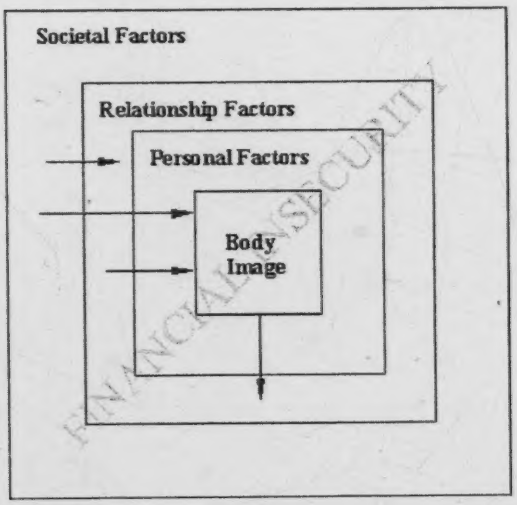
Data collected and analyzed using the identified methods and sample resulted in categories that showed the influences on low-income women's body image. The following chapter will be a description of these categories.

CHAPTER 4: RESULTS AND DISCUSSION

The data revealed that the women's body image resulted from a complex interaction of a variety of influences. The separation of the complex interaction of influences into discrete categories was somewhat artificial but helps to provide clarity. The categories have been organized into three 'levels' including *societal*, *relationship*, and *personal factors*. Within the level of *personal factors* is *ways of modifying the body* which describes the women's weight related behaviours.

Figure 1 provides a pictoral representation of the factors affecting body image. It can be seen that body image is embedded within its influences. Each of these factors affected the women's body image either directly or indirectly through their influence on one another. All of the factors took place in the context of financial insecurity which affected how the influences were interpreted and what could be done to modify the body. The relationships between the levels will be described in detail throughout this chapter.

Figure 1. Factors affecting body image among low-income women.



Ideal Female Body

The *Ideal Female Body* is a category that resonates in all three levels. For example, the media portrays society's ideals, relationships reinforce them and then the women develop their personal body ideal.

The women had different beliefs about the ideal female body. Some women discussed characteristics not specific to weight including shape "*I would say, like an hour glass. .... The bust and the hips kind of are almost the same size and the waist is smaller*" (Jackie, p.1) "*34, 26, 34*" (Carrie, p. 1), "*36, 22, 36*" (Emily, p. 1); muscles "*So I think that the ideal female body has muscles and not with bulging muscles-(Um hum) but has muscles*" (Amy, p. 1); cleanliness "*They should be clean. I'm very specific about you should be clean (Right). And well nurtured and dress nice (Okay), that's very important to me*" (Melanie, p. 2); and confidence, "*I guess um, people that are confident in themselves (Um hum) tend to exert more inner beauty (Um hum) you know, whether they're thin or, or not*" (Leslie, p. 10).

The majority of the discussion about the ideal female body was in regards to weight and height. It should be noted, however, that probes about weight and height were used for each participant which may have biased the results. Six of the 13 respondents did not give an example of an ideal weight and height. One woman felt weight was dependent on a woman's body type. The other five thought the important thing is that a woman feels comfortable with her body.

I don't really think that there is an ideal body weight. I'd say you know if you like the way [you look] then you know that's good and if you don't then do something about it, I guess (Okay). I don't find like an ideal body weight (Brenda, p. 2).

Amy predominantly based what she considered to be the ideal body on her body functioning. She felt she once had the ideal because of how her body performed in various activities.

Respondent: When I lived in ah, Ontario we went to the Toronto Science Center and ah, out of the whole area, of course Toronto has millions of people and lots of people go there and they had a computer that tested reflexes. There is only one person that ever used the computer that had better reflexes. You know, that was one example (Right), you know, yeah, so there was other examples like that as well. (Okay). Yep. (okay), you know.

Interviewer: So I guess, for you and the ideal, a lot of it too is how your body functions, how your body is functioning?

Respondent: Yes (Okay) That's the whole thing (Amy, p. 14)

Not saying there is an ideal body weight may suggest that these women put less emphasis on weight when evaluating their own bodies or it may reveal that they were more able to resist society's messages regarding the female body.

For the seven respondents who did give an example of an ideal weight and height a variety of bodies were described. The ideal bodies ranged from having a BMI of 15.6, *low, unhealthy* to 24.4, *healthy* (Health Canada, 2003). Five women described ideal bodies that were in healthy weight categories; whereas, two women described ideal bodies that were in low unhealthy weight categories.

Interviewer: About how tall would she be?

Respondent: 5'6 an between 5'6 and 6 feet. (Okay)

Interviewer: And about how much would she weigh?

Respondent: Um, probably 110, 115 (Ingrid, p. 1).

(BMI-15.6-18, Unhealthy)

Interviewer: About how tall would she be?

Repsondent: Well, I'm 5'8 and that's a pretty good height so (Okay) I'd say about 5'8.

Interviewer: And about how much do you think she'd weigh?

Respondent: About 160 (Leslie, p. 1) (BMI 24.4, Healthy)

The majority of the respondents' stated ideals were heavier than those ideals portrayed by the media (Spitzer et al., 1999). This may suggest that the women did not internalize media ideals. This will be explored further in the *media* section. Given that many respondents' ideals were within a healthy weight range, this may support that the women felt health was an important factor for evaluating weight. This will be discussed further in the *weight and health* section.

The women saw these ideals in a variety of locations including the media, *Well there's, yeah just media. You know billboards and magazines and t.v. and that sort of thing*" (Jackie, p. 1); people that they encounter, "*Um, I think my neighbour. She is about 6 feet. She wears about a size 5*" (Ingrid, p. 1), "*I see it everyday, on the street, in the mall, everywhere*" (Leslie, p. 1); in themselves, "*Oh, I had that for years*" (Amy, p. 1); and in their minds "*That's what's in my head I guess*" (Carrie, p. 1). "*Um, probably in my mind mostly*" (Gail, p. 1).

The women, therefore, saw the ideal at varying levels in their lives with the most abstract or distant one being the media and the most personal being the mind. It may demonstrate how society's ideal becomes internalized with some women feeling that it is natural verses socially constructed.

Irrespective of their definition of the ideal, many respondents used it as a basis for evaluation of their own bodies. *"Interviewer: In your opinion what does the ideal female body look like? Respondent: The ideal female body? (Um hum). Mine about 40 pounds lighter"* (Gail, p. 1). Being closer to the ideal which usually corresponded to being slimmer resulted in a woman feeling positive about her body.

> *Um, I think people tend to evaluate themselves based on the ideal (Um hum). I mean you could be 60 and have an ideal body image, and, or you, you think, you know, if you're somewhat close to that image, um, or you look at yourself in the mirror and you've, you've worked really hard for the body you've got and if you can make parallels to that image then you're going to be more confident and you're going to have more self-esteem because at least you're close to it, you know* (Jackie, p. 11).

Karen never thought about the ideal because she was always skinny approximating the ideal. She may have subconsciously compared her own body to the ideal and because she 'measured up' was able to concentrate on other life issues.

> *Interviewer: Um, so in your opinion what does the ideal female body look like?*

Respondent: I've never thought of that because I've always been skinny. (Karen, p. 1). ....

Interviewer: Do you think that in a way you felt you fit the ideal and that's why you haven't thought about it?

Respondent: Probably. Could be (Um hum). Cuz I mean when you look, when I was growing up you look in the magazines and that's all you saw was the skinny and if you see the heavy duty ones then ... were the ones that made fun of right? (Karen, p. 8).

The ideal appeared to influence the women's body image by serving as a point of reference for comparison of their own bodies. Other studies have also found that female body ideals influence body image (Charles & Kerr, 1986; Delaney et al.1997; Monteath & McCabe, 1997). The impact of the ideal will be explored further in upcoming sections.

Societal Factors

Societal factors, which include the media and its portrayal of the ideal, represent the most distant influence on the women's body image. The dieting industry, which 'provides' a way to meet the ideal, is also communicated through the media. The ways in which low-income women can modify their bodies, however, are limited due to their finances. A further discussion of the dieting industry will take place under *ways of modifying the body*.

Media

The media represents a means through which the ideal female body is communicated. The respondents mainly spoke of the media in terms of its depiction of the ideal, their reactions to its messages, how the messages and the ways the women interpreted them have changed and the connection between media messages and personal ideals.

The majority of the respondents critically evaluated the ideals in the media. The female bodies portrayed in the media were seen as unrealistic and unattainable. "*I wouldn't say the ideal is my ideal (Okay). You know, I mean what you see advertised is Miss Perfect and she doesn't exist*" (Emily, p. 3). Ingrid mentioned she was surprised that even in parenting magazines thin women were depicted "*The pictures of the-this mom who has kids and yet she's thin and I think, that can't be (Yep) but (Okay) I guess they have to use what sells*" (Ingrid, p. 3). Ingrid's comment revealed that she recognized the media exists to sell products. This idea will be explored later in this category. Furthermore, some women believed the actresses and models were so thin as a result of unhealthy behaviours.

> *But if you notice that most of the people that are in Hollywood are all anorexic or have issues or cocaine heads or whatever. They all have something. (Um hum). I just want to be normal and I'm not sure what normal is yet* (Fran, p. 10).

A couple respondents felt that it was not realistic for them to look like the models and actresses as they did not have enough money.

> *I'm not into the Flare and all that stuff because that's too perfect, I don't want to look at them (Yeah). Yeah, it's all fashion, and then make-up and then perfume*

and all this costs $100 an ounce and that's like 50 bucks a tube and the dress is like $3000, yep, but that's not me. (Right). It never will be (Emily, pp. 8 & 9).

I've seen women that do, look very good like Shania Twain-she looks very good and she has a kid. You know, I know there is lots of people that ah, but they also have lots of money, so, I'm sure they could afford to whatever, get the stretch marks zapped out or whatever the hell they do, I don't know (Brenda, p. 10).

Kilbourne (1999) asserts that the media exists to promote products through advertising. By portraying an ideal that is unattainable for 95% of women a vast market for appearance related products is created. It is probable that even women with mid-range incomes may find media depicted ideals out of their price range. However, for women who are living on a low income, these ideals would be less achievable.

A few women believed that the media messages had actually improved since they were younger as it presently includes women with various body types.

Now you see people like um, Car, Cam, Camryn Manheim (Um hum) from The Practice (Yep). Um, The King of Queens, the husband on the King of Queens, he's overweight. I watch a lot of t.v. so (Okay). But yeah, I, totally different from when I was like a teenager (Leslie, p. 12).

Although Leslie felt that the media had improved she thought that it could improve further. "*It's not 100% yet but, because you watch all the reality shows and they have like the yeah, big boobed, blond haired, skinny people doing all their shows*" (Leslie, p. 13). That fact that reality shows portray society's ideals represents a paradox. These shows are supposed to be more 'real' than others and yet the bodies they depict are not reality for most women.

Four women commented that the media affected them more when they were younger, referring to when they were a teenager or in their early twenties. At that time the respondents wished to look like the models.

> *When I was younger, like yeah, definitely the t.v. and the magazines and the ro- you know the perfect Barbie doll and. Um, that's when I, that influenced, but what is it now, (Um hum). I'm okay with me, I guess. I'm okay with, I'm okay* (Heather, p. 5).

This finding seems logical as it is difficult for teenagers to question dominant cultural messages broadcasted by the media (Kilbourne, 1999) making them more susceptible to the influence of ideals. The increased resistance to media messages may also be related to the women's acceptance of their bodies as they aged "*I don't know I'm just happy with the way I am. Like, I, I, I don't know, I'm not too, I don't really care what people think*" (Brenda, p. 2). Knowledge was another factor for two women that facilitated resistance to conform to the media ideals "*Interviewer: It sounds like maybe your, your knowledge, like being able to have the knowledge is almost like a buffering system (Yes). So you're able to not internalize those messages. Respondent: Exactly. (Yeah). That's it. 100%* (Amy, p. 29).

Many respondents differentiated between media and personal ideals. Generally, personal ideals were heavier than those portrayed in the media. "*In the magazines and t.v's I find a lot of them are too skinny*" (Carrie, p. 1). Although the relationship between personal and media ideals remains unclear, many personal ideals were slim which may reveal that the respondents were partially influenced by the media. Another explanation is

the effect of the media on personal ideals was mediated by relationships. This will be explored further in the *relationship factors* section.

In contrast to the other respondents, Melanie felt that the models and actresses looked like normal people and were what she aspired to be like. "*They look like all the normal people .... That's what I look up to. That's what I want to be like someday (Okay). So yeah, those are more my ideal person than picking like ah, ah person that-like I described*" (Melanie, p. 2).

A further media message mentioned by Melanie related to body image was disseminating facts on obesity "*They're saying that a, obesity has climbed. I don't know what the percentage is (Um hum) but it, there's a lot more obese children*" (Melanie, p. 14). This example illustrates that Melanie was aware of obesity trends and that she may have had a similar level of knowledge on this topic as higher income women.

The media is considered to be one of the most pervasive ways of communicating the ideal female body (Groesz et al., 2002). The majority of the respondents, however, questioned the ideals portrayed by the media. Still it appeared that the media may have had an influence on their personal ideals. An exploration of *relationship factors* will give further insights into the development of the women's body image.

Relationship Factors

The next level of influences which exists in-between societal and personal factors is represented by the *relationship* categories. Relationships appeared to mediate the larger social pressures to conform to an ideal body through two ways. First, relationship contexts affected how pressures regarding appearance were interpreted. Second, people

with whom the women had relationships, reinforced societal ideals through the comments they made. The participants themselves also served as influencers towards other women's body image.

Relationship Contexts

Three respondents spoke of good relationships that seemed to mediate the pressures to conform to society's weight standards.

> *I think that, that has a lot to do with it too you know (Um hum). Being happy with your life and happy with who you are, has a big impact on-it doesn't matter I guess if you're low-income or not, you do have-if you are happy with your life, if you are happy in your marriage and have a good relationship then, with what we've got, then that has a big thing to do with it too* (Denise, pp. 18 & 19).

This result is consistent with Friedman et al.'s (1999) finding that individuals who are satisfied with their marriage have greater body satisfaction. Although the mechanism of how good relationships affect body image remains unclear it seemed to decrease the women's importance of having an ideal body. Furthermore good relationships may promote positive psychological well-being which has been correlated to positive body image (Grilo et al., 1994; Monteath & McCabe, 1997; Pinhas et al., 1999; Tiggeman, 1992; Tiggeman & Stevens, 1999; Wiederman & Pryor, 2000; Reboussin et al., 2000; Stokes & Frederick-Recascino, 2003).

Likewise, poor relationships such as abusive ones were mentioned by four women as decreasing their body satisfaction.

That was another thing that made me feel really bad about myself because (Uh huh) he was having affairs with anybody who'd sleep with him, and of course, that made me, felt like wow, you know, I can't be much of a person, like why would he be doing; but the women he was going with were all drunks and stuff. ...With the stress I was going through, yeah, I would look at myself and say, yeah, you are so fat anyway, why would anybody want you. You know (Uh Huh) You can't even keep your husband because you are so fat. I blamed it on myself (Denise, pp. 7 & 8).

Respondent: I, I came from an abusive home. My father was an alcoholic and very abusive and um, I had very low self-esteem. I was a very angry, depressed young girl.....

Interviewer: How did you feel about your body then or do you think that affected how you felt about your-?

Respondent: Awful. Awful (Emily, p. 14).

Interviewer: You were mentioning you've had other things happen in your life such as the abuse. Um, do you think they've had a large impact on your, on the way you feel about your body or?

Respondent: I think so (Yeah). I think that um, maybe you wouldn't be as conscientious if things like that hadn't taken place (Um hum). ... Um, it makes you want to cover up more (Gail, p. 10).

Past studies support our findings that women in abusive relationships have increased body dissatisfaction (Garner, 1997; Kearney-Cooke & Ackard, 2000). Clear conclusions regarding the mechanisms in which poor relationships affected the women's body image,

however, cannot be made from the data. One possibility is that the pressures to be thin were taken more seriously if a woman was already feeling bad about herself due to poor relationships.

Relationships as Influencers

All respondents had received feedback about their bodies at some point in their lives from one or more of friends, family, partners and/or strangers. The feedback was mainly related to the women's body weight. A couple women, however, spoke of negative reactions from people due to other appearance factors. For instance, the police accused Amy of being a robber due to her sloppy guise.

> *I've been considered a, a robber. .... I just sort of walked out of the house in what I'd wore the day before actually, I didn't even change (Um hum), you know, I just sort of grabbed what I had the day before that morning and put it on and then walked out of the house and, and I didn't put on any deodorant and I didn't, I didn't brush my hair and I was just, I was like blahahah* (Amy, p. 19).

This example reveals how people tend to judge one another based on appearance and that there are societal standards for how one dresses and grooms oneself. Furthermore, Melanie received numerous digs in high school related to her short stature and large chest. "*It was about my height. (Yeah). Because I couldn't do a lot of things. .... And about my, my big boobs was the big thing for me when I was a kid*" (Melanie, p. 4). These occurrences may demonstrate that body ideals are not solely based on weight but also include one's clothing, shape and height.

All respondents had received comments regarding their weight. From the data conclusions cannot be drawn regarding who made the most comments (ie-partners verses strangers) as it was different for each woman. Generalizations can be made, however, for the reactions to differing body weights. Overall the people's comments reinforce media ideals.

Eleven women spoke of receiving positive responses if they were thin or had lost weight. These were in the form of direct comments "*Nobody recognized me because I had lost so much weight, so it was like, oh my God, that's you Brenda and I went 'Yep'. So it was it was a good. I guess it was a good thing*" (Brenda, p. 5); or getting more attention from people

> *I had people who you know, wouldn't give me the time of day before all the sudden they wanted to go out with me. So all of the sudden I was okay to be with cuz I was skinny (Um hum). You know, um, my dad. He spent hundreds of dollars on getting me a whole new wardrobe because I had nothing to wear* (Jackie, p. 3).

Five women remarked that being closer to society's thin ideal facilitated getting attention from men. For some respondents, having the ideal body was of greater importance if they were trying to attract or remain desirable for a man.

> *I don't have someone around here all the time, thinking they're obsessed. When there is a partner involved ... I feel like I have been more conscientious or something* (Gail, p. 2).
>
> *But you know, having an attractive body is important for sure, I mean you don't want to be obese and you don't want to be you know, but it isn't like, it isn't really*

important probably because I'm not looking for a partner. It's probably the main thing (Heather, p. 1).

Studies support this idea as men are much less willing to pursue a relationship with a woman if she is not perceived as sexually attractive (Townsend & Levy, 1998). For one respondent, however, having the ideal body was of less importance to her when she first was married because her husband was not concerned with her weight. "*It didn't really bother me because I was a newlywed, I was in love so (Uh huh). Like he didn't really care*" (Ingrid, p. 9). Congruent with the literature, Ingrid's awareness that her partner was satisfied with her body influenced her own satisfaction (Garner, 1997). Likewise, other studies have also reported partners to be an influence on women's body image (Charles & Kerr, 1986; Paquette & Raine, submitted; Tantleff-Duff & Thompson, 1995). In contrast to the other women, Leslie did not feel that a man could influence her body image. "*But I mean relationship wise, like I wouldn't, if somebody wanted to date me and they said ah, yeah but you've got to lose 50 pounds. Screw you (Yeah) type things*" (Leslie, p. 18).

Another form of positive feedback reported by a couple women was when female friends would reveal their jealousy towards the respondents' thinness. "*So yes, I get the comments (Okay). You're always skinny. Well what do you want me to do about it? I've always been skinny*" (Karen, p. 2).

Although Denise was given numerous positive comments when she lost weight, her son was concerned.

He said to me 'mom you've lost too much weight, you've lost it too fast, he says, he actually said to me, coming from my son, I had this little black dress on, little

straps and wow I had never worn anything like that. He says 'mom you've got a great looking body but right here in your face, he says, I'm getting a little concerned about you.' (Um Hum). And, uh, he says 'you know maybe you should put a bit more back on.' Well I said no… (Denise, p. 3).

Denise's reaction illustrates that her feelings toward being thin were so positive that she could ignore concerns regarding her health.

Women who were farther away from the ideal received negative feedback about their bodies. Two types of comments were discussed. The first type was not intended to make the woman feel bad and was related to concerns over her health. These comments were given by family, friends and physicians. Despite being well intentioned, these remarks did have a negative effect.

They do say things that are hurtful. .... They're not trying to hurt or just be malicious. They're doing it, they're saying what they're saying because they care. .... My dad sometimes will sit me down and he'll say you know, we need to talk. You're really worrying me, um, I'm afraid that by the time you're 35 you are going to have a heart attack. (Um hum). Yeah and it's because of your weight, you know, just things like that (Um hum). Yeah. And it's more than just the words that they use, it's the body language and their facial expressions and tone of voice, you know all of it (Jackie, pp. 9 & 10).

He [Emily's doctor] would never say anything negative or hurtful but (Yep) but um, he keeps saying, you don't want to go on like this, you don't want to continue like this you're gonna end up killing yourself, your, you know your life is going to get bad and you have to, you have to lose some weight (Emily, p. 7).

Consistent with other literature, Fran actually avoided seeing her physician to prevent hearing the weight comments (McAfee, 1997). "*Put it this way (Uh huh). I, I hate to go to my doctor. I push it to the point that I'm really ill and then I'll go but then you hear the eh, eh, eh*" (Fran, p. 3). These findings may provide support for the fact that some doctors have negative attitudes towards obesity (Harvey & Hill, 2001) and that physicians can influence women's body image through their comments (Charles & Kerr, 1986; Paquette & Raine, submitted).

The second type of comment was intended to be rude. The people making these comments were usually strangers or ex-partners.

> *Interviewer: Did your ex ever make comments to you regarding your weight?*
>
> *Respondent: Um, towards the end (Um hum) he did a lot of name calling. Like he'd call me 'you fuckin lazy cow'... Towards the end of our marriage he was calling names and stuff like that* (Ingrid, p. 3).

Emily described the reaction from strangers in a mall when she put a harness on her young daughter.

> *I put it on her and I had, old men screaming at me in the mall. 'You horrible, fat old cow what are you doing to that child' because I had her in a harness. And I said, I lost her in Safeway this morning, and for 20 minutes I was in a panic because I was-I couldn't find her. I said I would rather have the harness on her than not have my daughter. (Um hum). But you know, there was that and then the 'fat little cow' comment* (Emily, p. 9).

Clearly the women were victims of the last socially acceptable prejudice against obesity (Berg, 2000; Stunkard & Sobal, 1995). Some women felt even more marginalized because they did not have the resources to change their weight. This idea will be further explored in a later section.

In general, the women felt better about their bodies when they received positive feedback and worse when they were given negative comments. Other factors also influenced the women's reactions. As previously discussed the women's overall relationship contexts may have affected how comments were interpreted. For example, if the woman was in an abusive relationship she may have taken the comments more seriously. The women also responded to comments differently depending on who was giving them. It was easier for women to ignore or dissociate comments from strangers. "*It hurts more from someone you know*" (Emily, p. 5). Furthermore, the women who expressed acceptance towards their bodies thought they would be able to resist pressures from people to lose weight.

> *I don't really care about what people think about me. I'm comfortable with myself enough that I don't-like if somebody was to say something to me about my weight it wouldn't bother me* (Brenda, p. 12).

However, for some respondents acceptance may have been related to being at a lower weight. Thus, if the woman was dissatisfied with her weight, she may have taken the comments more seriously. The concept of body acceptance will be explored further in a later section.

Consistent with other studies, relationships clearly influenced the respondents' body image (Charles & Kerr, 1986; Delaney et al., 1997; McKie et al., 1993; Paquette &

Raine, submitted). Our data suggest that people reinforced media ideals through their positive reactions to thinness and their negative ones to fatness. Although many women were able to critically evaluate abstract media ideals, it seemed to be more difficult to ignore comments that were a part of their everyday lives. The women themselves also had the potential to act as influencers in their relationships. This will be discussed in the following section.

Women as Influencers

The focus of this research was not to examine the body image of the women's female family members and friends. The way that the interviewees projected their feelings about weight concern, however, may provide insight onto how they interpreted pressures to be thin and experienced their own bodies. Furthermore, it demonstrated how the respondents can act as influencers on body image.

With one exception, the women had daughters. The majority were children and none were overweight according to the respondents. Despite this, five daughters were already concerned with their weight. "*If she doesn't eat her supper I'll ask her why. 'because I don't want to get fat' And she is only 7 years old*" (Brenda, p. 13). The women's general reaction was that there was no reason for their daughters to be worried about weight which may reveal that the respondents were not reinforcing body dissatisfaction. "*And I tell her that that's not something you have to worry about right now*" (Brenda, p. 13). Furthermore, two women felt their daughters were being influenced by factors other than themselves. "*The one daughter has a bit of problem with eating (Um hum) and feels almost guilty when she eats, so yeah that kind of to me that's*

not. Tha-that's definitely different from the way I think" (Amy, p. 11). The fact that all daughters were likely within normal weight range could be one explanation for the mothers' reactions. Alternatively it may demonstrate the women felt body dissatisfaction should not be an issue for children. A further explanation may be that body dissatisfaction was not an issue for the women; consequently, they did not want it to be one for their daughters.

Carrie's reaction to her 20 year old daughter's concern regarding weight gain may support the fact that Carrie feels body dissatisfaction is a normal part of a woman's life once she reaches a certain age. Although she felt her daughter had previously been too skinny, her response to her daughter does not support this.

> *Repsondent: And so she'll-I always hear her say that her hips and her butt's too big and stuff like that so.*
>
> *Interviewer: What kind of advice do you give to her when she says that?*
>
> *Respondent: To shut up and take it. I just tell her she is doing it to herself there is nothing I can do about it. (Um Hum). You know.* (Carrie, p. 10).

Unlike the other respondents, it appeared that Carrie may be supporting body dissatisfaction with her daughter.

Three overweight women[2] with young daughters had some level of unease that their daughters would eventually be overweight.

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[2] The participants were not asked what their actual weight and height were to prevent the women from thinking about their weight differently. Some women, however, revealed what they weighed during the interview. For the most part, women were classified as being overweight based on the researcher's observations. A distinction was not made between overweight and obese although it appeared that many overweight women were actually obese. In retrospect, the women's height and weight should have been asked at the end of the second interview.

Um, my daughter [two years old] has always been chubby. (Um hum). I lie awake at night worrying. ... I'm trying to watch what she eats and what I feed her (Um hum) and I'm trying to keep her active, (Um hum). I'm hoping to God that works, cuz, um, large women do run in my family (Um hum) and that's why I've always had to fight it (Emily, p. 8).

It was evident that the women wanted to protect their daughters from the negativity that is associated with being overweight. Furthermore, it reveals that these women are not comfortable with their weight status.

I'm more concerned for her [9 year old daughter] than she is I think. (Um hum). Because I know what I went through and I don't know if it's still like that in school nowadays cuz I know they have these Bully Busters and stuff like that. You know, I always try to teach her, you know stand up for yourself and so I don't think she's that, that concerned about the way she looks (Ingrid, p. 11).

Fran, an overweight woman, had a 12 year old daughter who already had a history of anorexia. Fran felt the cause of this was that her daughter was teased about her mother's obesity. *"Kids are cruel because I'm big. Um, her brother is big too (Um hum) so that makes it hard. She was blessed with the other side size, you know skinny"* (Fran, pp. 4 & 5). Fran did not seem worried that her daughter would become overweight; her primary concern was that her daughter was eating properly. *"And she does eat so that's all I care about. (Um hum). And she's not making herself sick, I mean she's not doing those kinds of things and I keep pretty close tabs on her to make sure"* (Fran, p. 5).

It has been suggested that mother's body experiences may influence their daughters (McKinley, 1999). Although it seems likely that the respondents had some

effect on their daughters' body image, the daughters were not interviewed. Thus, from our data generalizations can not be made.

Seven women also spoke of discussing body image issues with their overweight and normal weight friends. Three respondents (one normal weight, two overweight) felt that their normal weight friends were unnecessarily concerned with weight loss. This may support other data that these women were less susceptible to societal pressures regarding body weight or that the overweight women could not understand normal weight women's body concerns.

> *I call them stupid and ah, its like oh no, I've got this and I weigh this much and its like, you look fine, you look beautiful, you're not too skinny, you're not too fat you know, you're fine, you're average* (Leslie, p. 7).

A couple women who had overweight friends were concerned for their friend's health suggesting health was considered a priority over appearance.

> *One of my, my a friend is, is concerned about it but she has health problems related to it so (Um hum) I am going to work with her and try to work on her but ah, she is about the only one and she is not really that concerned about it (Uh huh). She just sees the health problems in the future and she should, she thinks she should do something about it now and it's probably wise* (Leslie, p. 6).

Denise had a very different perspective on her friend's weight compared with her own demonstrating that she is much more critical of her own body.

> *I says, you can have a model figure and you have the most beautiful face in the world but you can be the ugliest person because it is what comes from inside that- I says you can weigh 400 pounds, I says you can have a big wart on the end of*

your nose, you can be outwardly very ugly to people, but you can be the most beautiful person in the world inside. I says, I look for what's inside, I don't look for what's outside. (Um hum). And she [said], you make me feel so good and I said, well it's true, it is how I feel (Denise, p. 9).

But with me I know how I feel and yeah, I don't think I'm, no I think I'm very fat and ugly at that weight (Um hum) and it doesn't matter. To me it doesn't matter what I feel-like it doesn't matter how good of person I can be on the inside I feel, I feel bad, I feel ugly (Denise, p. 17).

Melanie, however, may have been more influenced by the societal norm that it is acceptable to tease people who are obese. "*Ah, yeah because we're best friends, sometimes I'll make a silly comment or something but it's not to like make her feel bad or (Um hum) anything but. We also try to get her out and get her walking around*" (Melanie, p. 3). Furthermore, a couple respondents expressed very negative thoughts about obesity.

I mean (Uh huh) if you're big and huge and fat what are you doing drinking, eating that, drinking that Pepsi and eating that chocolate bar (Um hum). Like, what are you doing? Like I might eat lots but I don't eat like that. .... It's unhealthy. It's not right (Heather, p. 13).

It would also be unhealthy for normal weight individuals to drink pop and eat chocolate bars, yet few people blame them for their behaviours. These reactions reveal that obesity remains the last form of socially acceptable prejudice (Berg, 2000) and that low-income women are not resistant to these negative attitudes towards obesity.

Some data suggested that the women did not reinforce societal ideals whereas other data suggested the contrary. What is clear is that the women reacted to their daughter's and their friend's weights, thus, were potential influencers. The next section will discuss personal factors influencing the women's body image.

Personal factors

It has been demonstrated that both societal and relationship factors do have an effect on low-income women's body image. This section will describe how the respondents interpreted these larger pressures with respect to their own bodies. Personal factors represent those influences that are part of the woman's physical or psychological self. These include *actual body weight, weight comparison, weight and health, weight satisfaction* and *body acceptance*.

Actual Body Weight

Weight was central to the women's evaluations of their bodies. This category describes the women's weight histories and reasons for weight fluctuations. The main function of this section is to provide context for the way the women interpreted their weight.

The women's weights were not constant during their lifespan. Some respondents had minor weight fluctuations whereas others had significant weight changes. Several women spoke of either increased age or having children as leading to weight gain.

Once you have kids it's like everything is all stretched out and it's kind a hard to you know get everything back into, then if you have kids right away again and make another one its just everything builds up, its hard to unweave it (Ingrid, p. 3).

These factors were often discussed in relation to it no longer being possible to have the ideal female body *"The ideal for me is attainable? (Um hum) Absolutely not. (Okay). No, not at this point in time laughs. Oh, between my age and everything, there is no way"* (Emily, p. 2*). "So, even now if I was to get real skinny I still have all the stretch marks and all that so I don't have the ideal body image anyways"* (Brenda, p. 12). This finding is expected as in general women's bodies move farther away from the ideal as they age (Grogan, 1999; Tiggeman & Lynch, 2001).

Other factors influencing weight included illness "*I didn't lose my weight. (Okay). Um, I wasn't able to get out of bed. Sometimes for days on end (Um hum). You know, and I was in the hospital*" (Amy, p. 20); drug addiction "*I was a hard core drug addict ... I only weighed about 90 pounds*" (Heather, p. 2); stress "*I was getting close to anorexic. That's where I was, I was skinny. .... It was just because of my condition and my chronic stress and that so*" (Karen, pp. 8 & 9); menstrual cycle "*But ah, I found with my periods, I, ah always gained so much more weight and it had a big influence on my weight too*" (Gail, p. 1); birth control pill, depression, divorce and miscarriages *"No it didn't start until I went on the pill. I noticed. .... Then having the kids and then the miscarriages and the depression and ... now the divorce"* (Ingrid, p. 3).

The women's body weights were affected by multiple factors. Many of these factors were not controllable. For example, aging can not be halted. Eating and exercise

also had a large influence on the women's weights. Although these factors would often be thought of as controllable, this is not the case for many low-income women. This idea will be explored further in a later section. The way the women felt about their weight will be described next.

Weight Satisfaction

The respondents talked about their feelings towards their current and past body weights. It appeared that weight had a strong influence on the women's body image. Similarly, Garner (1997) found that weight accounted for 60% of how a woman feels about her body. In general, the women tended to feel better about their bodies when they were slimmer or had lost weight.

> *I always wanted to be skinny and I've finally hit skinny so I'm happy now* (Melanie, p. 18).
>
> *Interviewer: I think you said when you were 19 or 20 you lost 52 pounds (Um hum). How did you feel about your body then?*
>
> *Respondent: I was happy (Um hum). Because I was like actually wearing clothes I never thought I could wear (Um hum). You know like these short skirts and ...this is cool* (Ingrid, p. 9).

Only one woman spoke of being dissatisfied when she lost weight. Karen had always been very slim so if she lost too much weight it became a health concern for her. Otherwise she was very content with her slim figure.

> *Interviewer: So would you say at all the weights you've kind of been satisfied unless?*

Respondent: I wasn't satisfied with the weight loss. (Right). But other than that, yeah, I was okay with it. (Karen, p. 8)

Similarly, weight gain or obesity generally resulted in body dissatisfaction.

Interviewer: When you were heavier how did you feel about your body?

Respondent: Um, well I always wanted to lose it (Um hum). I always would look at my stomach and think 'Oh my God I've got to get rid of that.' You know, one way or another (Brenda, p. 12).

Increased body satisfaction with decreased weight has also been reported by numerous studies (Allaz et al., 1998; Anderson et al., 2002; McLaren & Gauvin, 2002; Smith et al., 1999). The positive reaction to being a lower weight was influenced by its association with increased health, the female body ideal, and encouraging responses from people. For Gail, however, weight dissatisfaction appeared to be a constant factor in her life. "*Well I can honestly say that I don't think I've ever been satisfied with, even when I was thin. (Um hum). So, I guess, yeah, you're always aiming for that smaller*" (Gail, p. 1). This finding supports studies that have found women to be dissatisfied with their weight even if they are within a normal weight range (Allaz et al., 1998; Green et al., 1997; Lowry et al., 2002).

The association between body satisfaction and weight is complicated as it involves societal, relationship and personal factors. The following sections will provide more detailed information of the cognitive processes used to evaluate weight.

Weight Comparison

Consistent with social comparison theory (Festinger, 1954) one way that the women evaluated their weight was through comparison. As previously discussed women compared their own weights to society's ideals that are portrayed through the media. Current weights were also compared to past weights and other women's weights.

For those women who had become thinner, they were generally more satisfied with their current weight. "*The size that I am right now, doesn't bother me, like I know I am a little overweight but you know, whatever (Right) I'm not as big as I used to be so you know, it still feels good*" (Brenda, p. 5). Likewise if a woman gained weight, she felt less satisfied. In fact, two overweight respondents mentioned they did not weigh themselves to avoid feelings of despair.

> *Interviewer: And how does it make you feel when you weigh yourself?*
>
> *Respondent: Well I just feel like shit. I just, I feel ... disgusting. I just. That's when I start losing hope and I start thinking oh, well what's the point and you know (Um hum). Yeah. I just try, try to stay away from the scale* (Jackie, p. 6).

Furthermore, four women discussed comparing their own bodies to the women they interact with. By having a similar body type to their friends, two women felt more comfortable with themselves.

> *Um, all it does is make me feel more accepted by other people. (Um hum). Um, I grew up being teased a lot. So I think I'm more I think I'm more attracted to people who are overweight (Um hum) for friendship because they, they may have had the same kind of trials as I did (Um hum). I think that's all it is, it's just that there's similarities there (Right). Something in common* (Jackie, p. 10).

For two other women comparing themselves to people and seeing that their own bodies were closer to 'ideal' bodies helped to improve their body image.

> *Um, I really haven't seen that many people with 6 kids and a grand kid that kind of look as good as I do. (Um hum). I don't mean to sound conceited but I-around here, and especially in this neighbourhood (Uh huh) I see a lot of big women* (Carrie, p. 7).

Given that ideal female bodies are attainable for only a small percentage of women (Kilbourne, 1994) using them as a basis for comparison would likely result in body dissatisfaction. Thus, comparing one's own weight to more 'realistic' bodies may have been a strategy used by the women to increase their body satisfaction.

Two women mentioned that their mothers were heavy. It concerned the women that they may become overweight themselves as mothers are a close biological relation. "*See my real mom is big (Uh huh). I've only met her once but I, I when I saw her, I'm never going to be like her and I made that decision the minute I saw her so*" (Melanie, p. 8). As previously discussed, the overweight mothers were nervous that their daughters would also become overweight. Thus, both mothers and daughters expressed concern about the overweight status of the mother.

Weight comparison represents a cognitive process used by the women to evaluate their weight. Weight was also evaluated based on its relationship to health. This will be described in the following section.

Weight and Health

The women assessed their bodies on their ability to function and their general health. This corresponds to the health and fitness dimensions that are included in some measurements of body image (Brown et al., 1990). All respondents felt that there was a strong relationship between weight and health with the general perception that being too much below or above a certain weight range leads to decreased health.

> *Skinny is not healthy (Yep). Super skinny is not healthy* (Leslie, p. 2).
>
> *Well, if you're too heavy, that's usually pretty obvious, you know there, there's tests you can do. You can go to the doctor and he'll tell you (Um hum). You know, um, you could check your standard weight or your, your height, you know height weight charts so you get a sort of general area of where you're supposed to be* (Amy, p. 15).

The women perceived weight to be related to both short and long term health. Five interviewees spoke of maintaining or attaining a weight where they have enough energy to carry out their daily responsibilities and were not at risk for the chronic diseases associated with obesity.

> *Interviewer: Okay. And is it important for you to attain the ideal female body?*
>
> *Respondent: Um, yes and no. Like I want to, like not have the perfect body but I want to have one that's healthy. (Okay). So I don't have to worry about heart disease and stuff like that so I'm healthy for my kids and have the energy to do stuff with the kids* (Ingrid, p. 2).

This finding is supported by a large Canadian study that found improved health to be the most common motivator to lose weight (Green et al., 1997).

Two women spoke of eating and exercise as mediating the connection between weight and health. These women felt that a healthy weight is a consequence of better behaviours. "*Because with nutrition comes higher energy levels, energy becomes weight loss and it's just a natural cycle*" (Amy, p. 14). Nine respondents indicated that their current health was not optimal or could be improved by eating better. "*I mean, I need to start eating better to be healthy*" (Leslie, p. 2). Many women, however, found it difficult or impossible to make healthy choices due to their limited income. This idea will be explored further in a later section.

Two women appeared to judge their health completely on what they weighed even if they used unhealthy strategies to achieve their weight. Karen had difficulty maintaining her weight so she would eat junk food to prevent weight loss. "*Interviewer: So would you say, it doesn't really matter what you're eating, but as long as you're maintaining your weight, it's good for your health? Respondent: Yeah. Yeah. Exactly*" (Karen, p. 12). Likewise, Melanie spoke of the importance of health and yet she smoked instead of eating to maintain her weight. "*Healthy is very important for me. (Okay). I don't eat healthy but we'll get to that*" (Melanie, p. 4). Similar to other study findings, attaining a certain image may have been more important for Melanie than her health (Charles & Kerr, 1986; McKie et al., 1993).

A couple respondents used their current poor physical or psychological health as a reason why weight loss was not a priority. "*I've been better for about a year and I just want to take it easy on myself (Yup) and then I'll lose some weight later. It is not an issue (Right) What's important is that I feel well*" (Amy, p. 3). "*I have to get through the demons before I can get. You know, it's, it's like when you fight a battle (Um hum)*

there's always that first step and the first step for me is dealing with my past" (Fran, p. 16).

Our data revealed the women's strong perceived relationship between weight and health. This finding is not surprising as being underweight or overweight is associated with an increase in health problems (Health Canada, 2003; Paeratakul et al., 2002). Knowing the association between weight and health seems beneficial. The only difficulty arises when women base their health completely on weight without considering their weight related behaviours. In fact, it has been suggested that health based educational efforts to reduce body size have actually contributed to the culture of thinness, unhealthy weight cycling and exploitation of the consumer (Hawks & Gast, 2000). The fact that some respondents had used questionable dieting strategies may reveal that some low-income women are not immune to these pressures. This will be discussed further under *weight loss behaviours*.

So far the personal factors influencing body image have been primarily focused on weight. The following category will describe a personal feeling expressed by some women towards their bodies that was not necessarily related to weight.

Body Acceptance

A further feeling toward their bodies that nine respondents spoke of was accepting and being comfortable with their bodies even if they did not have the ideal weight. These feelings generally seemed to increase with age and resulted in greater body satisfaction. "*I don't know I'm just happy with the way that I am*" (Brenda, p. 2). "*Accepting that, that this is the body I have (Um hum) was important. .... So when I was in my 20's I didn't*

really accept it. .... Maybe it is just part of getting like growing up too though" (Heather, p. 12). Having increased body satisfaction with age supports the findings of other studies (McLaren & Gauvin, 2002; Reboussin et al., 2000). Furthermore, it suggests that the increased satisfaction with age may be mediated through self-acceptance.

From the data it is not feasible to make clear conclusions as to how the women developed confidence and acceptance towards their bodies. It is likely an individual complex process whereby many factors interact with one another. One possibility though, is that having a sense of purpose related to employment or participation in a group contributes to women feeling better about themselves and in turn their bodies. "*Um kitchens also helped me to get out of myself and go back to school and get my grade 12 and start in that motion to be successful, feeling like a productive person*" (Fran, p. 7). "*Having a job, or doing something that you like, not necessarily having a job (Yeah) where you get up every morning and have a purpose for doing that then I think you're going to feel good*" (Leslie, p. 20). Psychological well-being has been found to be positively associated with body satisfaction; however, the relationship is not fully understood (Grilo et al., 1994; Monteath & McCabe, 1997; Pinhas et al., 1999; Reboussin et al., 2000; Stokes & Frederick-Recascino, 2003; Tiggeman, 1992; Tiggeman & Stevens, 1999; Wiederman & Pryor, 2000). One potential explanation is that by having a sense of purpose and improved psychological well-being the importance of having an ideal body is decreased leading to increased body satisfaction.

On the other hand, for two women acceptance of their bodies appeared to be directly related to being at a lower weight. Furthermore, overall confidence may have been influenced by weight.

I didn't feel good about myself because of my weight so knowing that I was that slim and I gained it back would probably make me feel worse-knowing that I gained it back, when I told myself I wouldn't. .... And it would probably bring my self-esteem down again. (Okay). Thinking why did I do this to myself, like you know, what was I doing. You know like, how could I be so stupid (Denise, p. 17).

Although body acceptance generally appeared to be independent of weight, this was not the case for all women. Thus, our data consistently revealed that weight had a potential influence on body satisfaction. Eating and exercise affect body weight and will be explored in detail in the upcoming sections.

Ways of Modifying the Body

Eating and exercise are closely connected to a woman's body image as these behaviours have a large influence on body weight. If a woman interprets societal and relationship pressures and decides she needs to lose weight, it is logical that changing her eating and exercise would be a strategy. The women's eating and exercise were influenced by both finances and other factors. Thus, financial insecurity had a potential indirect influence on the women's body image through its effect on these strategies. A description of the categories *eating*, *exercise* and *weight loss behaviours* will follow.

Eating

Effect of money on food choice

Available income had a large impact on the women's food alternatives. Expenses such as rent and utility bills were mentioned by five women as priority over buying food as the possibility of being homeless was considered worse than being hungry or getting suboptimal nutrition "*You only have so much money and your other bills come first before the food unfortunately*" (Fran, p. 2). This finding supports previous research (Travers, 1996).

For many women their financial situations and consequently their degree of food choice had not been constant throughout their lives. For some women financial insecurity had worsened. *"So this is really the first stint that I've had, not with poverty but sort of with poverty to this degree"* (Amy, p. 7). Others had improved financial security.

> *Um now that I do have a steady, regular [income], I know what I'm bringing home type thing. Um, school was tough (Uh huh) because I wasn't working and um, I just didn't quite know where the next meal was going to come from.* (Leslie, p. 14)

The degree of food choice varied between the respondents. One woman had no food choice after paying her other bills. *"Um but now because I am paying 900 rent. (Yup) There is no money left over for food. All the food I get is given to me"* (Amy, p. 4). Another woman had a good deal on her rent and no children so even though she was only earning $685 a month it was enough to allow her to purchase the foods she wanted to. *"It just feels like, it just feels like I have money. Like 20 bucks can be like so many*

vegetables and fruits for the whole week you can't even imagine" (Heather, p. 9). All of the other women said that their limited funds restricted their food purchases to some degree. Healthier options such as fresh fruits and vegetables, lean meats and fat free foods were often seen as too expensive to buy. *"In this day and age with the prices the way they are, um, it makes it hard to, ... , to have 4 fruits and vegetables a day, to have, you know, all that other stuff that you have to have"* (Fran, p. 7). Numerous studies have also documented the lack of food choice on a low income (Hamelin et al., 2002; Rainville & Brink, 2001; Tarasuk & Maclean, 1990; Travers, 1997). Furthermore, a recent study supports the fact that lower calorie, high nutrient, unprocessed foods such as fruits and vegetables are more expensive (Drewnowski, 2003).

Degree of food choice had a potential influence on the women's body image. Because modifying one's eating habits is a common strategy used to lose weight, the inability to do this results in a lack of control over one's body. Depending on the woman's degree of food choice, desire for weight loss and other influencing factors, this could be detrimental for body image. For example, for women who were overweight, desired weight loss, felt that their current eating habits were negatively affecting their health and were the recipients of comments regarding their weight, it appeared that the lack of choice over food had a negative impact on their body image and psychological well-being. *"Its just a vicious circle, you start feeling bad about yourself and you kind of start falling down, you don't have the money to eat properly and you, you know, unfortunately healthy foods cost more"* (Emily, p. 3).

Although Fran and Amy possessed many of those characteristics as well, financial insecurity seemed to have different effects on them. Fran was working through past

traumas and trying to accept the fact that she was unable to afford weight loss strategies. Fran spoke of other positive things in her life including participation in community kitchens and supportive relationships which may have also influenced her reaction.

> *Um, working through myself and, and my feelings and um, knowing that I'm gonna be who I am and that's just the way it is (Um hum). You know if I had millions of dollars it would be different but I don't so, you know it's, the last month or so there's been all these people that have had that do-that surgery (Um hum). Well that's all ... and nice if you have the money but if you don't, then, you know. And I don't have the money to be eating healthy (Um hum), you know. At you know, 3 bucks a thing for celery and it just, I don't have it* (Fran, p. 12).

Amy felt that financial insecurity did not affect her body image because it was a transient thing for her and she had enough education that would allow her to eventually make positive changes. *"I am different than most people (Um hum) and poverty with me is a transient thing (Uh huh) it's not something that is going to remain.... But when women that are trapped in that, that's a different story..... There is no money left ... and it does affect the body image"* (Amy, p. 6).

For the women who desired weight loss but felt they had some food choice, the researcher's overall impression was that the effect of financial insecurity was not as detrimental on body image because there was an element of control. *"Interviewer: Do you feel that um, on your income right now you would be able to make those changes if you wanted to? Respondent: Um, yep"* (Ingrid, p. 7). It should be noted, however, that although these women had some control, weight loss programs were not an option which

resulted in feelings of frustration. This idea will be explored further in *weight loss behaviours*.

For those women who were satisfied with their weight and/or were content with the eating strategies that they were able to implement on their current income, it did not seem that financial insecurity had any effect on their body image.

> *Interviewer: It is not a big concern right now say the amount of money you are having, you are able to basically do what you want as far as weight? ....*
>
> *Respondent: Yep* (Brenda, p. 5).
>
> *Interviewer: So do you think that, um, when you are unable to go to purchase something for yourself ... like some type of food or going to the gym ... do you think that affects how you feel about your body-like your body image?*
>
> *Respondent: Uh, no, I wouldn't think, I don't think it does. No, (No) not at all* (Brenda, p. 4).

Food choice varies with time away from pay cheque.

Six women mentioned that the money available for food also varied depending on the time away from their pay cheque. Consistent with other literature, these respondents had more food choice when they were paid (Hamelin et al, 2002; Rainville & Brink, 2001). Two women mentioned ordering in food as a special treat when there was more money.

> *I probably would say I do eat more because I always make sure, you know we have, like order pizza when I get paid, um, or Chinese food or something like*

that, there's more groceries of course the first week than there is the second week so yeah, probably (Brenda, p. 11).

The other four women purchased the healthier foods that they could not afford at other times.

> *And then when I get, money, during like in the middle of the month, um, I'll eat better. Because I'll have money-more money to put towards the food. (Um hum). So I'm going to make better choices, healthier choices. And I'll be able to get more of it* (Jackie, p. 15).

Inconsistent eating habits could potentially influence body image through two mechanisms. First, it could promote weight gain (Frongillo et al., 1997; Sarlio-Lahteenkorva & Lahelma, 2001; Townsend et al., 2001) which has a negative effect on body image (Allaz et al., 1998; Anderson et al., 2002; McLaren & Gauvin, 2002; Smith et al., 1999). "*My doctor says that is part of my weight problem because it's, you know, feast or famine kind of thing*" (Emily, p. 5). Second, it once again represents the women's lack of control over their bodies. For example Carrie wanted to eat better to improve her health "*Maybe if I did eat it, I wouldn't be so tired because I am like tired a lot, and um then I have to drag myself because I can't sleep because I have the 6 kids*" (Carrie, p. 5). Yet, she decided against it because she felt it would be impossible.

> *Um, I think it would be um, to me I find it would be discouraging because if I do try to eat healthier (yeah) than I eat healthier 2 days out of the month then what's the other 28 days like, you know (Um hum). I won't be eating healthy so what's the point of trying to get healthier if I can't do it all month long* (Carrie, p. 8).

At another point in the interview, however, Carrie had mentioned she did have the ability to make healthier choices at times but convenience also influenced her food selections. Thus her limited income was not the only reason she did not eat healthier.

Kids come first.

Consistent with other literature, when resources were scarce, six women spoke of depriving themselves of food to feed their children (Badun et al., 1995; Hamelin et al., 2002; McIntyre et al., 2001; Rainville & Brink, 2001; Travers, 1996)

> *If it comes down to the end of ah, week where it is pay day, and you know you've got like three days left, and there is not very much food in the house, then I would rather my kids eat it than myself* (Brenda, p. 4).

All women who fed their children before themselves felt it was part of their parental responsibility. The women's reactions to their deprivation, however, were not all the same. It made Carrie feel good about herself. "*Interviewer: How does that make you feel when you do that for your kids and for the other kids? Respondent: It makes me feel better. You know helping somebody out*" (Carrie, p. 14). It did not seem to affect Brenda. "*I don't worry about it too much because I do realize I'm a mom, and my kids have to come first, so I don't let stuff like that bother me*" (Brenda, p. 11). For Emily and Jackie, however, it did frustrate them that they were unable to feed themselves properly.

Well usually it, it's fine. (Um hum) But occasionally I feel a little bitter (Um hum). Cuz I'm, I'm not, financially able to be able to take care of myself the way I need to take care of myself so I can take better care of my kids. (Um hum). You know. There is just, you know, it didn't work out that way. (Jackie, p. 6)

Inferences can be made as to why the women reacted differently to their deprivation. For those women who did not react in a negative manner, they appeared to be more content with their current diets and did not have a great desire for weight loss. On the other hand, the women who it had a negative effect on were heavier and wanted to change their bodies.

Melanie represented a unique case with respect to feeding her daughter first. She initially used her lack of money and her daughter as the reasons why she limited her own eating. "*I eat only at night. .... I feed my daughter three meals but I only eat cuz I just can't afford to, for us to eat three meals a day so she eats the three, I eat one*" (Melanie, p. 5). It was later revealed that a lack of money and available food did not stop Melanie from eating. She would buy cigarettes instead of food. Furthermore, she gave food to her friend to eat with her daughter. "*My obese friend, actually (Um hum). That's where she comes in handy. .... She will eat the meals with her .... I send all my food over there just so they both can eat*" (Melanie, p. 5). Fear of weight gain was the real reason preventing her from eating. Thus, the inability to afford food was not an issue because she preferred not to eat. Financial insecurity did not seem to affect her body image because she found successful strategies to maintain her slim figure and was happy with her body. Body image issues, however, were clearly affecting her nutritional vulnerability.

Food acquisition.

Where the women acquired their food was dependent on their available money. Twelve women purchased most of their food through grocery stores. "*I usually go to Superstore and Costco. (Okay). And sometimes to IGA and Safeway depend on the sales they have*" (Ingrid, p. 4). Budgeting practices such as looking for sales and buying in bulk were often carried out in order to stretch the food dollar.

> *They have a lot of good sales, there's buy one, get one frees a lot so (Yep). So I take advantage of that, especially when I have the money, extra money* (Leslie, p. 4).

> *I just buy, I usually buy bulk. (Okay). Since I find you may pay a little more but then it, you can stretch it (Um hum). Like I'll buy a whole pre-frozen pork loin and I bought ah, 4 bags that we made, we made 4 meals out of that. And I'll buy the couple big things of hamburger and cut it into 4 and make different things out of the hamburger* (Ingrid, p. 4).

Low-income women's ability to budget has been well documented (Hamelin et al., 2002; Rainville & Brink, 2001; Travers, 1996).

A few women mentioned being a part of a bulk buying club and a couple participated in community kitchens. These food acquisition strategies allowed the women to have more choice which would consequently decrease the frustration associated with financial insecurity and increase control over one's body.

I think when I do my kitchens, that's when I can explore recipes that I find that I really like but I can't afford it. (Um hum). You know and that's my way of bringing it into the house so that the kids can eat, can try it, my partner can try it cuz then I don't have to worry about the prices (Fran, p. 7).

Not only did community kitchens give Fran more food choice but she found they provided a supportive environment and gave her a sense of responsibility. "*And it's also learning that you're not the only one going through this (Um hum). You know, because there's people who work and are in kitchens because that's just the way it is*" (Fran, p. 7). "*I truly believe in them (Yep) because I, number one you're taking accountability for your family*" (Fran, p. 16). Similarly, evaluations have reported that community kitchens provide increased self-efficacy, enhanced food related capacity and valuable social support (Crawford & Kalina, 1997; Tarasuk & Reynolds, 1999).

Amy, however, had some concerns regarding community kitchens. She noticed that money was still limited which resulted in unhealthier food choices.

Ah, they're all, there use a lot of canned goods (Um hum, yep). They should use fresh stuff. I think that's an issue, a big issue. (Um hum). Um, you need to get the nutrition into people then but of course then what happens is when the kitchen coordinator is shopping, and I've gone shopping with the kitchen coordinator (Ah huh) um, you know she'll point out, well this is cheaper. We have this much money (Yep) and this is cheaper (Amy, p. 25).

Amy also felt that the food portions in collective kitchens were too small. "*You know the normal ladle (Um hum) soup ladle, that's a portion. Well, most people that's a half a portion or a quarter of a portion depending on the size of the person*" (Amy, p. 25).

Two women spoke of asking friends or relatives for food to feed their children if resources were low.

> *Like if I know if I'm getting low on that kind of stuff, I'll either ask a relative, which I don't like doing but (Um hum) I do it for her sake. (Yep). Or I send her there, I say take her for the weekend so she can get stuffed up and I know she'll be fed right there* (Leslie, p. 5).

This food acquisition strategy has previously been reported (Hamelin et al., 2002; Tarasuk & Maclean, 1990).

Either presently or in the past, five interviewees reported having to utilize food banks or free meals as a source of food. Those women who did frequent these places described the food as less than desirable.

> *I'm getting less and less money to spend on food (Yep), what am I going to do, so I've started going to the food bank. (Um hum). I can't help it, I've got to. (Um hum). I mean you're getting, you're getting food that is like past the expiry date. You're getting food that's got mold on it. (Um hum). You're getting dented cans and you don't know whether it is safe to eat it or not (Um hum). But what are you going to do* (Emily, p. 14)?

Melanie and her friends came up with a strategy so that they could maximize their benefit from the food bank.

> *Like even whenever any three of us go to the food bank, we always swap what we're going to use and what I won't use (Um hum). Kay you get that, I get that. Like no name Kraft dinners, I will not eat them (Yep). So he gets them or she gets half of them and he gets half so. We work that out that way* (Melanie, p. 19).

Similarly, the food from the free meals was generally described as unhealthy as there were always enough desserts but not enough food supplying good nutrition. Congruent with the literature, the necessity to rely on charity combined with being given substandard food contributed to feelings of frustration in some respondents (Hamelin et al., 2002; Tarasuk & Mclean, 1990), especially those desiring weight loss. Once again this illustrates the women's lack of control over their bodies.

> *They are going to feed the hungry and you can't feed them sweets but if that is what's there, that's what they'll eat. (Yep). And you only get one little bowl of soup and a slice of bread, so of course you are going to fill up on whatever else is there. (Um hum). I mean yesterday there wasn't enough soup to go around for everybody* (Emily, p. 12).

Despite this, the women were thankful that these services existed to get them through the toughest of times. "*Like I said, you know, it is a really important thing. I'm not running it down (Um hum). You know I don't want you to get that opinion (Um hum) but at the same time nutritionally, it's not the answer*" (Amy, p. 28).

The data clearly revealed that income had a large influence on the women's food choice. Depending on the degree of food choice, desire for weight loss and other factors, it had a potentially negative impact on the women's body image. Money, however, was

not the only factor affecting food choice. The following section will describe the other factors.

Other influences on food choice

There were five women that said healthier foods were still an option on their low income.

> *I figure if I've got money to buy donuts I've got money to buy bananas. (Right). And I figure the more donuts I buy through the week or whatever I buy, I could take that money and buy bananas with it. (Um hum). I knew that before, I just didn't do it, you know. (Right) So yeah, it just depends on how you, how you spend your money I guess* (Denise, p. 20).

This discrepancy may have been because some women had more available money than others although the possibility exists that other influences were affecting the women's food choices.

Five women mentioned time or convenience as having an impact on what they ate. "*Like today, today I'm just dog tired so I'll go home and make .... something that's easy but that's easy to prepare, that doesn't require a lot of time (Yep), energy*" (Leslie, p. 14). Food that was quick to make, that was easily obtained in their environment and was something that their child liked was eaten. For example, one woman would eat lunch at a fast food restaurant instead of buying fruits and vegetables because it was more convenient for her to feed her young daughter.

It's just easier feeding her a couple of noodles here and there or rice here and there rather than having to get messy everyday like I just did. (Yep). Or having to peel-come up, back upstairs and peel the apples, cut the apples up, make sure there's no seeds in them. Um, with oranges they-my kids get diarrhea so then I have to deal with that (Carrie, p. 12).

Four women mentioned that stress or depression that was caused by factors such as broken relationships and living in financial insecurity influenced them to eat more junk food such as chips or chocolate.

When I'm depressed or upset, I eat more. (Um hum). And it's not proper. (Emily, p. 2)....*I lie awake at night worrying about you know, am I gonna be able to keep this up, am I gonna be able to take care of my kids properly. Am I gonna be able to feed them properly? I mean the cost of everything is going up* (Emily, p. 14).

Advertisers are well aware that women often use food to overcome disappointment (Kilbourne, 1994). Through the promotion and reinforcement of destructive attitudes towards food and eating, the profits of both the junk food and dieting industry are maximized (Kilbourne). Our data reveals that some low-income women are vulnerable to these messages from the media. Adding to this vicious circle is that the women felt that they gained weight and became unhealthier due to eating junk food, which lead to further depression and poorer body image. Thus, financial insecurity not only potentially affected body image through its direct influence on food choice but also indirectly through its negative impact on psychological well-being.

A further influence on eating was smoking. Five women were currently smoking and two had just recently quit. There are two ways that smoking could affect eating. First, smoking is a known appetite suppressant (Li, Kane & Konu, 2003). Despite this, only three women said that smoking had any influence on their eating. "*When I do quit, I eat more .... It doesn't affect whether I want to quit or not, I'm not going to not quit just because, oh I might gain weight*" (Brenda, p. 4). Second, given that cigarettes are very expensive, smoking would decrease the women's available money and consequently their food options.

Other factors influencing the women's eating included illness "*I don't eat right now. (Kay). Because when I do eat it makes me sick, so right now until I get figure out why it's doing it, I eat but I don't eat*" (Fran, p. 9), spiritual beliefs "*Well, mainly it's, it's goes along with my spiritual beliefs. (Um hum) and the karma associated with eating animals is much greater than the karma associated with eating plants*" (Heather, p. 11), a past drug addiction "*I mean I was a hard core drug addict ...I didn't eat*" (Heather, p. 2) the nutritional value of foods, "*I highly disagree with chips and all that processed stuff. ....You know I try to really think about and I want to learn more about just exactly what the chemical reactions in the cells are*" (Amy, p. 30); boredom, "*It's just usually if I'm bored and I want something in my mouth then it is usually a candy that I, that I go for*" (Jackie, p. 5), medications, "*I'm into this toast thing, because I have to take, um, Celebrex because I have problems with my legs right now (Uh huh) and you have to eat when you take them*" (Denise, p. 12); and cravings, "*But now with chocolate, I seem to just have to have it at least once a day. (Uh huh). Or a couple of times a week anyways. It is this chocolate thing I have to get out of and peanuts*" (Denise, p. 12).

Although money seemed to have the greatest effect on the women's food choices, several other factors also influenced what they ate and consequently their body weight. Exercise also has a large influence on body weight. The next section will discuss factors affecting the women's exercise.

Exercise

Effect of money on exercise choice

Available income also influenced the type of exercise the women were able to participate in. Nine women spoke of doing inexpensive activities such as walking, going to the park with their kids or household chores as their form of exercise. "*I walk everyday to work and back, which isn't very far obviously but, ah, and weekends we usually go swimming, or we'll play at the park ... I don't know fun stuff*" (Brenda, p. 7). These activities were generally seen to be within the women's means.

> *Interviewer: And do you find that your income affects your exercise at all or?*
>
> *Respondent: Ah, most of our stuff is regular outdoorsy type exercise (Um hum) so not necessarily but there are probably a few more things that I would get my girls involved in, if I had, you know if their income was a little better and stuff (Um hum). Definitely. You've got more choices* (Gail, p. 7).

Leslie mentioned that she would walk and run more if she had money for a babysitter. "*I like to walk. I like to run (Um hum). I like to do that sort of stuff. Um, I don't really have the means for a sitter on a regular basis because they're, they get very*

expensive (Leslie, p. 18). Exercise alternatives such as going to the gym were seen as too expensive for some of the women "*Preventing me from going? Probably a lot has to do with money ... I don't know I just don't see it fitting in my budget right now* (Brenda, p. 7). One woman had a gym membership but could not afford child care. "*I have a membership to Spa Lady but its hard to go cuz they don't offer babysitting*" (Ingrid, p. 6).

The majority of the women seemed content with the exercise they were able to participate in with their available money. One woman felt that she didn't need to do any 'specific' exercise other than walking because of her body weight. "*I don't like go specifically to exercise or anything (Right) like that but I don't need it. I figure for my body I don't need it*" (Melanie, p. 6). Whereas two women spoke of the need to partake in different activities to lose weight and be healthier but were unable to afford it. "*Um, it's not what I need to do but in order to go do anything I have to pay for a babysitter*" (Emily, p. 15). This demonstrates that exercise is perceived as a way to change one's body. Because of their limited income, however, some women felt it was not possible to get more exercise. Clearly, limited income decreases the perception of control the women had over changing their bodies.

Other influences on exercise

Other factors did influence exercise aside from money. Two women mentioned not having someone to motivate them was a barrier to exercise. "*And I think that the reason why is because I haven't been made accountable to anybody (Uh huh). You know. Like, go out and exercise. .... And ah, nobody's doing that so, I just kind of do my own*

thing" (Jackie, p. 15). Two overweight women mentioned that seeing small women in the gym was a barrier to going. "*I've tried working out at Spa Lady and I get depressed because most of them are size 2. .... I want to see people who are my size*" (Fran, pp. 1 & 2). Other obstacles to exercise included the weather, "*You know, like in the summer time we are a lot more active .... You know, um, in the winter time it is hard*" (Emily, p. 10) and fatigue "*When I get home I'm just dog tired. (Um hum). So I, I'm just, I find it hard to motivate myself to exercise a lot more*" (Leslie, p. 3).

Similar to eating, both money and other factors affected the women's exercise choice. Overall, lack of food choice appeared to have a more negative effect on the women than lack of exercise choice. This may be explained by the fact that there are socially acceptable forms of exercise that are free but this is not the case with eating. Changing one's eating and exercise habits are often done with the hope for weight loss. The following section will describe weight loss behaviours.

Weight loss behaviours

Weight loss behaviours are a result of societal, relationship and personal factors. The desire for weight loss can be interpreted as both an influence on eating and exercise and as a consequence of body dissatisfaction. For the most part the women's *weight loss behaviours* were a combination of eating and exercise. The difference being that these behaviours were done with the intention of weight loss.

Eleven respondents had attempted to lose weight at some point in their life revealing the women's body dissatisfaction. In those women who had lost weight and

kept most of it off strategies such as downsizing portions and walking were used. "*I think it was a lot to do with the walking. .... And, I did kind of cut down, a lot of junk food out but then I'd still, like on the weekends I'd still eat it*" (Brenda, p. 11). Melanie, however, used unhealthy strategies to successfully lose weight including smoking and an addiction to codeine. Out of the five women who smoked, she was the only one who admitted to using smoking as a weight loss strategy. "*I picked up two different vices .... Yes, I, that would definitely make a difference. I'd get really fat I think if I got off all this stuff, I really do*" (Melanie, p. 22). Smoking has previously been reported as a weight control method (Garner, 1997; Lowry et al., 2002).

Six women spoke of using conventional dieting strategies in the past including Slim Fast ®, Weight Watchers ®, Nutri-system ® and diet pills; however, none of these strategies resulted in long term weight loss. "*I've done the diet thing. I've gone to try and see if I could take the surgery. .... Um, I've done the grapefruit diets and the, you know, the cabbage soup diet and um, all that stuff, um, nothing works*" (Fran, p. 1). A couple respondents blamed themselves for the diets not working

> *But ah, I think the Slim Fast and, and you know, Weight Watchers and stuff like that, they can work. .... Like with the, the Slim Fast. That didn't work too well with me. But I, I don't think I really knew what I was doing. (Okay). And um, I'm always wondering, I'm always asking myself am I doing this right*? (Jackie, p. 17).

The dieting industry pervasively advertises weight loss products (Kilbourne, 1994) revealing the commercialization of weight. The data suggests that low-income

women are not immune to these advertisements. Considering that 95% of reducing diets ultimately fail (NIH Technology Assessment Panel, 1993), it is not surprising that none of the conventional dieting strategies worked. That fact that two women blamed themselves for their dieting failures revealed that they believed the dieting industry's 'false promises' (Berg, 2000). In contrast, a couple of women felt that diets and diet pills do not work.

> *First of all binge dieting is not good for you (Um hum) so it causes your metabolism to slow down, it causes you to get fat, literally (Um hum). You know it's not good and, and a lot of people would go with um, diet pills (Um hum) but that sort of thing, you know, that's not good. And I know that (Yep). And I know that exercise gets rid of weight. Exercise and good nutrition and the weight goes away.* (Amy, p. 21)

People also transmit the messages from the dieting industry. Dieting with friends was mentioned by two women as a potential weight loss strategy.

> *We were supposed to start working out and dieting together and everything and I said if that's what you want to do go ahead-you know I wouldn't mind working out but I want to lose 10 pounds but I don't want to crash diet or anything so* (Carrie, p. 7).

Group dieting has been previously reported as a way that women influence one another through monitoring dieting behaviours and weight loss (Paquette & Raine, submitted).

Physicians were an additional source of advice regarding weight loss. The women had different experiences with their physicians. Two women spoke of positive encounters. "*I was seeing a doctor before I moved to Saskatchewan. He mentioned a*

program. .... Like he was trying to find programs that I could afford cuz I wasn't working at the time" (Ingrid, p. 7). Emily and Fran, however, had negative experiences. They were frustrated when they were given diet advice they could not implement due to financial constraints.

> *They feel that it's all mind over matter, you can do anything, you know anything is possible, um if you just set your mind to it, you think you can do it. And well, great but I can't afford all the expensive food (Um hum) or the expensive programs that they want to send you to (Um hum) and support groups and stuff like this. Well, you know, they just figure obesity is your problem and you should be able to fix it. You're the one that put you there, you're the one that can fix it. Easier said than done* (Emily, p. 16).

The literature has previously reported obese women being frustrated with their physician's emphasis on weight loss (Carryer, 2001; McAfee, 1997). Our finding reveals that low-income obese women experience an added dimension to this frustration related to financial insecurity.

A couple women spoke of having past eating disorders as a consequence of their desire for weight loss and body dissatisfaction. "*Um, I went through when I was younger to be bulimic*" (Fran, p. 6). Eating disorders represent an extreme outcome of body dissatisfaction. The positive relationship between body dissatisfaction and eating disorders is well established in the literature (Stice & Shaw, 2002). This data suggests that low-income women are not resistant to extreme body dissatisfaction.

At the time of the interviews, eight respondents (of whom at least seven were overweight) wanted to lose weight suggesting they were not sheltered from mainstream

pressures from the dieting industry, the media, health professionals and people they knew. Some women felt that they could make changes with their current income. However, many felt that it would be difficult to lose weight without having enough money to buy healthier foods or join an expensive program. Being unable to follow through on recommendations signifies the lack of control the women had over changing their bodies which lead to feelings of frustration. "*Well, I feel pretty crappy. You know, like I mean, when do I start to matter? You know, I feel like that a lot*" (Jackie, p. 7).

Our data reveals that low-income women may be particularly vulnerable in today's dieting culture. They hear the message to lose weight and yet many are unable to follow through on recommendations. As a way for the women to increase control over their bodies a potential intervention was discussed.

Ten respondents felt that a nutrition and exercise program designed specifically for low-income women was needed and/or were interested in participating.

> *I would love to see it offered. ...Uh, here in this area it is in dire need (Yep). Anywhere there is low-income housing because that's where you've got single moms on low income that need it. (Yep). .... Those women could get together and talk about nutrition and have support groups um, you know help with the diet plan and how to implement it and how to do it, affordably (Um hum). It's just, there is nothing there* (Emily, pp. 10 & 11).

The women identified components that would make the program successful. They recognized the necessity for the program to go beyond individual lifestyle factors to provide an environment where behaviour change is possible. The intervention would have to be affordable, accessible by bus and ideally provide child care. "*Child care is*

number one" (Emily, p. 10). This would eliminate some of the barriers that the women had in accessing a program such as this.

> *We went through this in_____ and everybody signed a petition to get a weight, a weight program kind of thing started. (Uh huh). It is, we do have it but its Mondays and Thursdays from 6 to 8. (Okay). Its free and its working out or um, dance or whatever (Uh huh). Nobody has shown up to it. (Okay). For one some of us can't get babysitters (Um hum). Some of us can't get there to where it is and it's not um professionally organized so you can get there and be sitting around for the first hour.* (Carrie, p. 14).

The intervention should provide a supportive environment where the women would feel comfortable. By having a program specifically for low-income women it would help to create this. "*That you're not alone. (Yeah). That you're not going to be ostracized because we are all in the same boat (Um hum). That um, we're all going for the same goal*" (Fran, p. 18).

The majority of the women did not suggest a traditional diet plan be adopted by this intervention.

> *Well, so weighing and measuring sucks. (Um hum). I've tried that. Um, I went on Weight Watchers when they were still weighing and measuring (Um hum). And I really hated it. And Weight Watchers, now they've got this points thing going on, well that sucks too. What I would like to see is a diet that says okay, your, here's all these foods, these, all these foods are good for you. You can have these all the time. (Um hum). Here are some recipes that incorporate these foods, you know, give you some ideas of what to cook (Um hum). You know, these*

foods you might want to stay away from a little bit because you know, because they are not quite as good and these foods are just bad (Um hum). You know, so that's like once a month. (Um hum). You know, that kind of thing, more, less structure. You know, like less rigid ness (Um hum). You know, like food is supposed to be fun. (Um hum) You know, and they've taken the fun right out of it. You know, they say okay this is what you've got to eat or I'll have so many points in a day and so many of those points are going to be for this and that. What the heck is that all about? (Yep). You know, I know what I'd like, I mean you know I'm supposed to have something from each food group. Okay, fine, let me have it, you know (Jackie, pp. 8 & 9).

There were a couple of women, however, who thought that a more rigid diet plan would be beneficial.

If you like have a, kind of like diabetics I think. Cuz I think I've seen my uncle explaining saying if I have this starch then I have to take this card out, you know something, that's like that. Okay, so I'm done eating for the day (Ingrid, p. 10).

An important component to the nutrition portion of the intervention would be to ensure that the diet plan is within the women's budget so that the advice could be followed through on. "*There's no use in us working out and having classes on how to eat better and everything if we don't have the money to do it*" (Carrie, p. 14). Many women felt that a community kitchens or a buying club concept would work.

Where you go and you make different things and you can bring the stuff home or whatever (Right). Where you pay so much, a little bit of money, like I'm in one through my mom and I pay 20 bucks a month and they give you like enough for 5

meals. (Um hum). Vegetables and fruits and meat and all that kind of-for 20 bucks and you know that's cheap to get that and it comes at you know a good time-in the middle of the month, you know when you usually need it. (Brenda, p. 14)

One woman suggested having a special food bank that had healthy foods would be a potential strategy.

I don't know, even like a special food bank with healthier foods that you know, if we were in a work out program, if we were committed to learning about you know eating healthier and healthier kids and stuff like that, that only these women could go to, I think that would help (Carrie, p. 15).

Many women felt that the exercise component should include working out at a recreational facility. Furthermore, it was suggested that qualified staff be present or that each women be given a tailored exercise program.

I think it would be great if we could get a recreation facility (Um hum) to hold something like this once a week at least. (Um hum). Um, when they've got the machines and ah, you know instructors, even if it wasn't ah, their own staff, um hum, but if they had volunteer staff from the community to come in, anything like that. That they could just open up a facility. (Right). For one evening or one afternoon a week or something (Emily, p. 11).

But have them sit down with their doctor to work out a proper exercise plan because everyone is different (Leslie, p. 7).

Ingrid proposed that children be involved in the exercise.

But if they had like some kind of program where you could bring your kids and exercise and exercise with your kids, kind of make it a like a family thing (Um hum) that would be great (Ingrid, p. 10).

One woman recommended that a counselor be present to help the women deal with the emotional consequences of weight loss. This would also be beneficial as some of the women had reported eating more due to depression or stress.

I think that all, that the diet things that I've looked at some have had exercise equipment, some have had um, this or that, you know, specialized food, whatever (Um hum) but I think what they all miss out on is having a counselor there, somebody to talk to, get the emotions out, and then you know, um, and stuff like that you know, because when you lose weight, you know like you're losing something you know, and that, sometimes it's hard to, to deal with (Um hum). You know. There's also consequences to losing weight and it's hard to deal with those consequences (Jackie, p. 8).

One respondent advised that a session on looking good for your body type would be valuable.

But what I think would be good would be something like tips on dressing right for your body type. (Um hum) which makes a huge difference, right? (Um hum). Like clothes swaps. You know maybe, som-somebody would come, you all meet and you like bring a garbage bag of clothes that you don't use and like you just swap all night long, like different things. You know, and like yeah maybe like a tips, tips from maybe a professional or like just things that you could do, yeah for, for your different body types (Heather, p. 15).

The women provided various ideas for an intervention. In summary, it is essential that the program be affordable, accessible and has recommendations that the women are able to implement. A program such as this would help low-income women to increase control over their bodies and consequently improve their physical and psychological well-being.

Summary

Taken together the individual categories represent the influences on the participants' body image. It is important to note that each category did not necessarily influence every woman to the same degree or in the same way. The following chapter will provide a summary of the main findings, study limitations and recommendations for future health promotion practice and research.

CHAPTER 5: CONCLUSIONS

The purpose of this study was to broadly explore body image among low-income women. The questions guiding this research included:

1. What influences low-income women's body image?
2. What are the implications of low income on women's body image?

Through semi-structured interviews, extensive data pertaining to this topic was obtained. Although there were several findings, they can be summarized into four main themes. Research question one is answered by theme four and research question two is answered by theme two.

1. ***Low-income women are not immune to mainstream societal pressures regarding their bodies.***

Although respondents, to varying degrees, critically evaluated the thin ideals portrayed by the media, many women's personal ideals were slim. This preference for thinness may have resulted from the reinforcement of media ideals from people such as friends, family, partners and/or health professionals. If a woman was closer to society's ideal, she generally received positive feedback while women who were overweight received negative feedback. Moreover, incidents such as name calling by strangers suggest that some women were victims of the last socially acceptable prejudice against obesity. Pressure from the dieting industry was also evident as many women reported dieting at some point in their life using conventional strategies such as Slim Fast ®, Weight Watchers ® and/or Nutri-system ®. The perceived relationship between health

and weight supported by the dieting industry and health professionals may further explain the respondent's preference for thinness. It is clear that the women experienced mainstream societal pressures to be thin; however, the way these pressures were interpreted was affected by living in financial insecurity.

2. ***Financial insecurity has the potential to influence body image indirectly through its effect on limiting women's ability to modify their bodies.***

With the exception of one individual, all respondents felt that available money limited their food and/or exercise choice to some degree. When pressures to be thin from society and relationships were interpreted and resulted in a desire for weight loss, women who were unable to implement weight loss strategies felt frustrated over the lack of control over changing their bodies. Furthermore, the stress of living in financial insecurity influenced some women to eat foods that were perceived as unhealthy leading to weight gain. The degree to which financial insecurity affected body image appeared to be dependent on the woman's body satisfaction and extent of financial insecurity. For example, it seemed to negatively affect a woman who desired weight loss yet was unable to afford to eat healthier due to her income. In contrast, it did not seem to affect a woman if she was satisfied with her body or if she felt she could make changes to her body with her current income.

3. ***The body image of low-income women is not uniform as some women expressed concern with their bodies while others did not.***

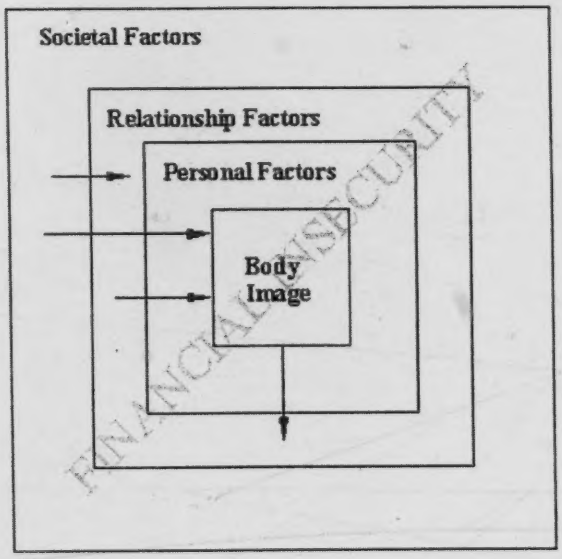
The differences in body image may be a result of the identified influences not being the same for every woman. For example, the women had different body weights which appeared to have a large effect on their body image. Increased body weight was associated with increased body dissatisfaction. Irrespective of weight, some women appeared to be more resistant to messages promoting thinness. This may have been related to positive relationships, body acceptance, knowledge of health and body comparison. As previously discussed, financial insecurity was a further influence that affected the women's body image in different ways. It is clear that low-income women's body image is affected by multiple factors.

4. ***The data confirm that body image is a multi-dimensional construct.***

The women spoke of several influences on their body image including societal, relationship and personal factors. These factors also influenced one another adding to the complexity of body image. Body image is a significant health issue, thus our data support that health is impacted by factors outside of individual determinants such as social conditions and the environment. Figure 1 summarizes how the identified influences indirectly or directly affected the women's body image. It can be seen that body image and its influences took place in the context of financial insecurity which affected how the influences were interpreted and what could be done to modify the body. It is important to reiterate that each

factor did not influence every woman to the same degree or in the same way resulting in the women having different body images.

Figure 1. Factors affecting body image among low-income women.



Limitations

Findings from this study should be interpreted with awareness of its limitations. To begin, the women recruited were not representative of all sub-groups within the low-income woman population. As the purpose of this research was not to study the effect that ethnicity may have on body image, the sampling framework was limited to Caucasian women born in Canada. Thus it is possible that the results would be different if women of varying ethnicities were recruited.

Semi-structured interviews were employed by the principal investigator. This was the first time the principal investigator had performed interviews. Consequently, the sensitivity of the research instrument improved as she gained more experience with doing interviews. The study design of having two interviews for each participant, however, allowed the principal investigator to ask questions that were missed during the first interview.

A further limitation is that participants were asked if their incomes were below Statistics Canada's low-income cut-off for Alberta but information regarding their specific income and source of income was not requested unless it came up in the interview. Specific questions pertaining to this topic may have provided better contextual information for interpretation. It should be noted, however, that through the interviewing process a general idea of income source and amount was ascertained.

A final limitation is that the women were not asked their weight and height. Some women, however, provided this information during the interview. Thus, determining whether a woman was overweight was primarily based on the observations of the researcher. Although weight and height were not requested in order to prevent the women from thinking about their weight differently, this information should have been asked at the end of the second interview. This would have allowed for more accurate assessments of the women's weights.

Recommendations for Health Promotion

The results of this study give insights concerning future health promotion research and practice. Additional qualitative studies on low-income women and body image

should include women from differing ethnicities in order to gain a more comprehensive understanding of this area. Furthermore, a quantitative study on the relationship between food security and body image should be conducted to determine if food security has a direct influence on body image or if its influence is mediated through other variables.

Even without the results of further research, it is evident that some low-income women experience body image concerns that may be further intensified due to their limited income. Therefore, it is important that health promotion practitioners address this issue. The respondents gave ideas for an intervention designed to improve body image, eating and exercise. Consistent with the Ottawa Charter for Health Promotion (WHO, 1986), the women identified areas beyond personal health practices that would be needed to make this program a success. This included providing a supportive environment that would enable the women to access the program, feel comfortable and follow through on its diet and exercise recommendations. Thus, health promotion practitioners must advocate for policies that provide low-income women with adequate resources for child care, transportation and proper nutrition. This would address the number one challenge of health promotion which is to reduce inequities between low and high income groups (Epp, 1986).

Advocating against the societal forces that promote women to be dissatisfied with their bodies is also necessary. This includes encouraging the portrayal of healthy and realistic female bodies in the media. Although the task of changing the larger forces concerning the way we think about women's bodies appears daunting, it is reassuring to remember that our everyday practices do influence these larger forces. For example, not making comments that reinforce societal ideals may help to reduce the emphasis that is

placed on women's weight. What remains clear is that health promotion practitioners should take action at multiple levels with regards to improving body image among low-income women.

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APPENDIX A: TELEPHONE SCREENING FORM

1a. Are you between the ages of 20 and 50?

b. Have you entered menopause?

2. Have you lived in Canada your entire life?

3. Are you Caucasian?

4. Are you pregnant or do you have child less than one?

5. Do you have a pre-existing illness that affects your body image?

6. Is your income below the cut-off for Alberta?

Family Size	(X) Income
1	19,283
2	24,103
3	29,977
4	36,287
5	40,563
6	44,838
7	49,114

* these numbers are pre-tax income based on 2.3 percent inflation in Alberta from August 2001 to August 2002

APPENDIX B: INFORMATION LETTER

Title of Project: Body Image Among Low-Income Women

Principal Investigator: Stephanie Madill, R.D.N., MSc Student
Centre for Health Promotion Studies
University of Alberta, Telephone: 492-4039

Co-Investigator: Dr. Kim Raine, Associate Professor
Centre for Health Promotion Studies
University of Alberta, Telephone: 492-9415

Purpose:

For this research study, we would like to learn about:

- Your experiences and feelings about your weight and how you look.
- How you feel your weight affects your health.

Procedure:

You will be interviewed on your own two times. Each interview will last around 1-2 hours. They will be planned for times and places suitable to you. During the interview, if you mention items like foods or magazines, the interviewer may ask for you to show them to her. Interviews will be tape recorded and later transcribed.

Discomforts or risks:

You may feel that the time involved for the interviews (1-2 hours) is inconvenient. You may also feel uneasy with what you learn about yourself and your body image. If you feel you need help, the Eating Disorder Education Association (EDEO) has compiled a list of professionals who work with eating disorders. The EDEO can be contacted at 944-2864. They can help you find information, or a professional who meets your needs.

Benefits:

This research will be useful for health care providers and social service agencies to better respond to the needs of women. It may be useful to you by increasing awareness of issues affecting your health. You will also receive a $10 grocery store gift certificate for each interview.

Privacy and confidentiality:

The audiotapes and transcripts will be kept for research uses only. All information will be held private, except when professional codes of ethics or the law requires reporting. The study data will be kept for at least five years after the study is done. The information will be kept in a secure area accessible only by the research team. Your name or any other identifying information will not be attached to the information you gave. Your name will never be used in any presentations or publications of the study results. The information gathered for this study may be looked at again in the future to help us answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically.

Freedom to Withdraw:

You have the right to refuse to answer any of the questions asked. Also, you will have the freedom to withdraw at any point in the study. This will not affect the services you receive from the place you have been recruited from.

Additional Contact:

For more information on this study please contact:

Stephanie Madill, Principal Investigator
Phone: 492-4039

If you have any concerns with this study please contact:

Helen Madill (no relation to Stephanie Madill and no involvement in this project)
Graduate Programs Coordinator
Center for Health Promotion Studies
University of Alberta, Phone: 492-8661

Participant's initial:_____
Researcher's initial:_____

APPENDIX C: CONSENT FORM

Title of Project: Body Image Among Low-Income Women

Investigators: Stephanie Madill, R.D.N., MSc Student
Dr. Kim Raine, Associate Professor

Do you understand that you have been asked to be in a research study? Yes No

Have you read and received a copy of the attached information sheet? Yes No

Do you understand the benefits and risks involved in taking part in this research study? Yes No

Have you had an opportunity to ask questions and discuss the study? Yes No

Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason. It will not affect the services you receive from the place you have been recruited from. Yes No

Has the issue of confidentiality been explained to you? Yes No

Do you understand who will have access to your records? Yes No

May your data be used for a future study pending ethical review? Yes No

The study was explained to me by: _____

I agree to take part in this study. I agree to be interviewed for the purposes described in the information letter. I understand that my name will not be associated with the audiotapes and that identifiers will be removed.

_____ _____ _____
Signature of Research Participant Date Printed Name

I believe the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____ _____ _____
Signature of the Investigator Date Printed Name

APPENDIX D: INTERVIEW GUIDE

Demographic Questions: (do not need to be tape recorded)

1. Are you currently working?
2. Do you have a partner?
3. Do you have any children? If yes, how many?
4. How old are you?

Body Image Questions:

1. In your opinion what does the ideal female body look like?

Possible Probes:
-How tall?
-How much does she weigh?

2. Where do you see the ideal female body?

Possible Probes:
-TV?
-Magazines?
-Friends?
-Commercials?

3. Is it important for you to attain the ideal female body? Why or Why not?

Possible Probes:
-Have people (partners, friends, family, professionals) made comments to you regarding weight?
-Do people complement you if you lose weight? How do you respond?
-What t.v. shows do you watch?
-What movies do you watch?
-What are the messages?
-How do you respond?

4. How do you feel you compare to the ideal female body?

Possible Probe:
-How is your body similar/different to the ideal?

5. What strategies do you use to maintain (or to change) your weight?

Possible Probes:
-What do you eat in a typical day?
-Do you ever skip meals? If yes, how often?
-Do you diet?
-Do you buy special foods?
-If a strategy is to buy special foods -interviewer will ask to see them
-Do you read magazines that give dieting and exercise tips?
-If a strategy is to read magazines-interviewer will ask to see them
-Do you exercise?
-Do you smoke?
-Do you weigh yourself? How often?

6. How does the income/ money you have influence the strategies you use to maintain (or to change) your weight?

Possible Probes:
-Would it be different if you had more money?
-Does the money you make limit what you are able to do with respects to your body?

7. How do you feel the strategies you use affect your health?

Possible Probe:
-Do you feel better or worse when you use the strategies (ie-when you diet)?
-Do you feel they have a positive or negative impact on your health